

1.) CORPORATION NAME:

**Rehab Provider Network - East II, Inc.**

DUE DATE: **10/29/2010**

SCC ID NO: **F1486515**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX ROAD SUITE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4714 OLD GETTYSBURG RD

CITY/ST/ZIP: MECHANICSBURG, PA 17055-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT A ORTENZIO  
TITLE: PRESIDENT  
ADDRESS: 4716 OLD GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHNICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: JOHN F DUGGAN  
TITLE: VP/ASST SEC  
ADDRESS: 4716 OLD GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHANICSBURG, VA 17055-

OFFICER

DIRECTOR

NAME: SCOTT ROMBERGER  
TITLE: VP/T/ASST SEC  
ADDRESS: 4716 OLD GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHNICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: MICHAEL E TARVIN  
TITLE: VP/SEC  
ADDRESS: 4716 OLD GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHNICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: ROCCO A ORTENZIO  
TITLE: CEO  
ADDRESS: 4716 OLD GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHNICSBURG, PA 17055-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MICHAEL E TARVIN</u>	<u>MICHAEL E TARVIN, VP/SEC</u>	<u>8/26/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.