

1.) CORPORATION NAME:

**Rehab Provider Network of Virginia, Inc.**

DUE DATE: **1/31/2011**

SCC ID NO: **F1656190**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 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:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4714 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: 4714 GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: KENNETH L MOORE  
TITLE: VICE PRESIDENT  
ADDRESS: 4714 GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: SCOTT A ROMBERGER  
TITLE: VICE PRESIDENT  
ADDRESS: 4714 GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: ROCCO A ORTENZIO  
TITLE: CHAIRMAN  
ADDRESS: 4714 GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055-

OFFICER

DIRECTOR

NAME: JOHN F DUGGAN  
TITLE: PRESIDENT  
ADDRESS: 4714 GETTYSBURG RD  
CITY/ST/ZIP/CO: MECHANICSBURG, 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.

/s/ JOHN F DUGGAN	JOHN F DUGGAN, PRESIDENT	11/30/2010
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.