SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34343** **(4)**

1. Corporation Name
COMPHEALTH, INC.

Principal Place of Business	Mailing Address
C/O TAX DEPT P O BOX 715 MECHANICSBURG PA 17055	C/O TAX DEPT P O BOX 715 MECHANICSBURG PA 17055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 58-1615085 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if	
TITLE	PCEO	11 TITLE	☐ Change ☐ Addition
NAME	POORE, JEFFREY A	12 NAME	
STREET ADDRESS	4021 SO 700 E	13 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	14 CITY ST ZIP	
TITLE	~~VP~~	21 TITLE	Exec. V.P. & CFO ☑ Change ☐ Addition
NAME	~~HOLLINGER, BRAD E~~	22 NAME	Terri L. Chinn
STREET ADDRESS	~~600 WILSON LN~~	23 STREET ADDRESS	4021 So. 700 E
CITY ST ZIP	~~MECHANICSBURG PA~~	24 CITY ST ZIP	Salt Lake City UT 84107
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	WELSCH, DEBORAH MYERS	32 NAME	
STREET ADDRESS	600 WILSON LN	33 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	34 CITY ST ZIP	
TITLE	TV	41 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, DENNIS L.	42 NAME	
STREET ADDRESS	600 WILSON LN	43 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A	52 NAME	
STREET ADDRESS	600 WILSON LN	53 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	TARVIN, MICHAEL E.	62 NAME	
STREET ADDRESS	600 WILSON LANE	63 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael E. Tarvin (717) 790-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0000135 CP