

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/18/1991

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **6001 Indian School Road**

26 **6001 Indian School Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Albuquerque, NM**

28 **Albuquerque, NM**

Zip **87110**

Country **US**

Zip **87110**

Country **US**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE
NAME **POORE, JEFFREY A**
STREET ADDRESS **4021 SO 700 E**
CITY-ST-ZIP **SALT LAKE CITY UT**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CFO** ☐ DELETE
NAME **CHINN, TERRI L**
STREET ADDRESS **4021 S 700 E**
CITY-ST-ZIP **SALT LAKE CITY UT**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VS** ☒ DELETE
NAME **WELSCH, DEBORAH MYERS**
STREET ADDRESS **600 WILSON LN**
CITY-ST-ZIP **MECHANICSBURG PA**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Secretary
Scot Sauder**
3.3 STREET ADDRESS **6001 Indian School Road**
3.4 CITY-ST-ZIP **Albuquerque, NM 87110**

TITLE **TV** ☒ DELETE
NAME **LEHMAN, DENNIS L.**
STREET ADDRESS **600 WILSON LN**
CITY-ST-ZIP **MECHANICSBURG PA**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Treasurer
Ernest A. Schofield**
4.3 STREET ADDRESS **6001 Indian School Road**
4.4 CITY-ST-ZIP **Albuquerque, NM 87110**

TITLE **D** ☒ DELETE
NAME **ORTENZIO, ROBERT A**
STREET ADDRESS **600 WILSON LN**
CITY-ST-ZIP **MECHANICSBURG PA**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Director
Neal M. Elliott**
5.3 STREET ADDRESS **6001 Indian School Road**
5.4 CITY-ST-ZIP **Albuquerque, NM 87110**

TITLE **V** ☐ DELETE
NAME **TARVIN, MICHAEL E.**
STREET ADDRESS **600 WILSON LANE**
CITY-ST-ZIP **MECHANICSBURG PA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

3/1/96

Date

(717) 790-8300

Daytime Phone

CR2E034 (12/95)