

**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 # P37125 (2)

1. Corporation Name  
**THERA-LAB, INC.**



Principal Place of Business: 727 HYLTON ROAD PENNSAUKEN NJ 08110  
Mailing Address: 727 HYLTON ROAD PENNSAUKEN NJ 08110

3. Date Incorporated or Qualified: 01/13/1992  
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business: 21 1300 ROUTE 73 (Suite) Apt. #, etc. 22 205 City & State: 23 MOUNT LAUREL, NJ Zip: 24 08054 Country: 25 BURLINGTON  
2a. Mailing Address: 26 1300 ROUTE 73 Suite, Apt. #, etc. 27 205 City & State: 28 MOUNT LAUREL Zip: 29 08054 Country: 30 BURLINGTON

4. FEI Number: 22-3129902 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: C T CORPORATION SYSTEM 1200 SOUTH 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGIULIO, PETER V.		1.2 NAME	CRAIG PORTER	
STREET ADDRESS	101 FOSTER		1.3 STREET ADDRESS	715 BRANDYWINE DRIVE	
CITY-ST-ZIP	MOORESTOWN NJ		1.4 CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, BRUCE C.		2.2 NAME	JACK N. BROWN	
STREET ADDRESS	727 HYLTON RD.		2.3 STREET ADDRESS	511 S. 18TH STREET	
CITY-ST-ZIP	PENNSAUKEN NJ		2.4 CITY-ST-ZIP	PHILADELPHIA, PA 19146	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALUSTYAN, BERDJ C		3.2 NAME	S. LAURENCE SHATMAN	
STREET ADDRESS	101 FOSTER RD		3.3 STREET ADDRESS	1411 WALNUT ST., STE 1014	
CITY-ST-ZIP	MOORESTOWN NJ		3.4 CITY-ST-ZIP	PHILADELPHIA, PA	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	DON AYERS	
STREET ADDRESS			4.3 STREET ADDRESS	6125 MEMORIAL DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	DUBLIN, OH 43017	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	LANCE POULSEN	
STREET ADDRESS			5.3 STREET ADDRESS	6125 MEMORIAL DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DUBLIN, OH 43017	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	REBECCA PARRETT	
STREET ADDRESS			6.3 STREET ADDRESS	6125 MEMORIAL DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DUBLIN, OH 43017	

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, on an attachment with an address.

SIGNATURE: *[Signature]* JACK N BROWN Date: 4-30-96 Daytime Phone #: 609 778 1166

CR2E034 (12/95)