


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90118 005 \*\*\*150.00

<b>DOCUMENT # P36610</b>	
1. Entity Name <b>CROTHALL HEALTHCARE INC.</b>	

Principal Place of Business <b>955 CHESTERBROOK BLVD., #300 300 WAYNE, PA 19087 US</b>	Mailing Address <b>C/O TAX DEPT. 2400 YORKMART RD. CHARLOTTE, NC 28217 US</b>
---	--

**40080322**



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04202008 Chg-P CR2E034 (12/06)

4. FEI Number <b>63-1053451</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KUTTEH, ROBERT 955 CHESTERBROOK BLVD., #300 WAYNE, PA 19087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT GATTI, DANIEL 955 CHESTERBROOK BLVD., #300 WAYNE, PA 19087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BAILEY, MICHAEL 955 CHESTERBROOK BLVD., #300 WAYNE, PA 19087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOFFETT, M. ELLEN 955 CHESTERBROOK BLVD., #300 WAYNE, PA 19087 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MENSECK, RICHARD 955 CHESTERBROOK BLVD., #300 WAYNE, PA 19087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSSITCH, RICHARD J 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

complete list attached

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Richard J. Rossitch</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>RICHARD J. ROSSITCH</b> <b>ASSISTANT SECRETARY</b>	<u>4/21/08</u> Date	Daytime Phone #
--	--	------------------------	-----------------

ATTACHMENT 40080322  
# P36610  
**CROTHALL HEALTHCARE INC.**  
**Corporate Data Sheet**

**Corporation Name:** Crothall Healthcare Inc.

**Directors:**

Robert Kutteh 955 Chesterbrook Blvd. – Suite 300  
Wayne, PA 19087

Daniel Gatti 955 Chesterbrook Blvd. – Suite 300  
Wayne, PA 19087

**Officers:**

<u>Name</u>	<u>Office</u>	
Robert Kutteh	Chief Executive Officer	955 Chesterbrook Blvd. – Suite 300 Wayne, PA 19087
C. Phillip Wells	Sr. VP, General Counsel & Secretary	2400 Yorkmont Road Charlotte, NC 28217
Daniel Gatti	Sr. Vice President and Treasurer	955 Chesterbrook Blvd. – Suite 300 Wayne, PA 19087
Thomas Racobaldo	Sr. Vice President	955 Chesterbrook Blvd. – Suite 300 Wayne, PA 19087
Gary Zauf	Assistant Treasurer	2400 Yorkmont Road Charlotte, NC 28217
Victoria Endriss Shisler	Secretary	2400 Yorkmont Road Charlotte, NC 28217
Richard J. Rossitch	Assistant Secretary	2400 Yorkmont Road Charlotte, NC 28217
Deborah K. Delano	Assistant Secretary – Tax	2400 Yorkmont Road Charlotte, NC 28217
Nicole Tharrington	Assistant Secretary	2400 Yorkmont Road Charlotte, NC 28217

P36610