## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P36610

Entity Name: CROTHALL HEALTHCARE INC.

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 955 CHESTERBROOK BLVD., #300 300 WAYNE, PA 19087 **Current Mailing Address: New Mailing Address:** C/O TAX DEPT 2400 YORKMART RD CHARLOTTE, NC 28217 US FEI Number: 63-1053451 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD ( ) Delete () Change () Addition Name: KUTTEH, ROBERT Name: 955 CHESTERBROOK BLVD., #300 Address: Address: City-St-Zip: WAYNE, PA 19087 US City-St-Zip: Title: Title: DSVT () Delete () Change () Addition Name: GATTI DANIEL Name: 955 CHESTERBROOK BLVD., #300 Address: Address: WAYNE, PA 19087 US City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition SVP ( ) Delete SVP BAILEY, MICHAEL WELLS, C PHILLIP Name: Name: 955 CHESTERBROOK BLVD., #300 2400 YORKMONT ROAD Address: Address: WAYNE, PA 19087 US City-St-Zip: CHARLOTTE, NC 28217 US City-St-Zip: Title: SVP () Delete Title: (X) Change ( ) Addition MENSECK, RICHARD ZAUF, GARY Z Name: Name: Address: 955 CHESTERBROOK BLVD., #300 Address: 2400 YORKMONT ROAD City-St-Zip: WAYNE, PA 19087 US City-St-Zip: CHARLOTTE, NC 28217 US Title: Title: AS ( ) Delete () Change () Addition ROSSITCH, RICHARD J Name: Name: 2400 YORKMONT RD. Address: Address: City-St-Zip: CHARLOTTE, NC 28217 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SHISLER, VICTORIA E Name: Name: 955 CHESTERBROOK BLVD, #300 Address: Address: City-St-Zip: City-St-Zip: **WAYNE, PA 19087** 

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C PHILLIP WELLS SVP 04/23/2009