## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000006246

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip: SD

BOLT, STEVEN B

MALVERN, PA 19355

RODGERS, MICHAEL J

( ) Delete

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18 CAMPUS BLVD, SUITE 210

NEWTOWN SQUARE, PA 19073

301 LINDENWOOD DRIVE, SUITE 130

FILED Jan 05, 2009 Secretary of State

Entity Nar	ne: ORTH-RC	DDGERS & ASSOCIATES, I	NC.				
Current Principal Place of Business:				New Principal Place of Business:			
18 CAMPUS BLVD SUITE 210 NEWTOWN SQUARE, PA 19073				4729 WEST CHESTER PIKE NEWTOWN BUSINESS CENTER NEWTOWN SQUARE, PA 19073			
Current Mailing Address:				New Mailing Address:			
18 CAMPUS BLVD SUITE 210 NEWTOWN SQUARE, PA 19073				4729 WEST CHESTER PIKE NEWTOWN BUSINESS CENTER NEWTOWN SQUARE, PA 19073			
FEI Number:	23-2077102	FEI Number Applied For ( )	FEI Number	Not Appl	icable ( )	Certificate of Status Desi	red ( )
Name and	Address of C	urrent Registered Agent:	Na	Name and Address of New Registered Agent:			
TALLAHAS The above	ÁSVILLE ROAI SSEE, FL 3230		e purpose of ch	anging it	ts registere	d office or registered agen	it, or both,
SIGNATUR							
Election Car		c Signature of Registered A  Trust Fund Contribution ( ).	\gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RODGERS, RÓI 18 CAMPUS BLV				4729 WEST	(X) Change ( ) Addition ROBERT M CHESTER PIKE SQUARE, PA 19073	
Title: Name: Address: City-St-Zip:	VD () GREENE, JEFFI 230 S. BROAD S PHILADELPHIA,	STREET				() Change () Addition	

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. RODGERS Τ 01/05/2009

() Change () Addition

(X) Change ( ) Addition

RODGERS, MICHAEL J

4729 WEST CHESTER PIKE

NEWTOWN SQUARE, PA 19073