


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005075</b> 1. Entity Name APPLE OCCUPATIONAL HEALTH SERVICES, INC.	
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Principal Place of Business 510 JAMISON AVENUE ELLWOOD CITY, PA 16117	Mailing Address 724 PERSHING STREET ELLWOOD CITY, PA 16117
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1801003	Applied For 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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SKUBA, HERBERT S 724 PERSHING STREET ELLWOOD CITY, PA 16117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NEUPAUER, MICHAEL 510 JAMISON AVENUE ELLWOOD CITY, PA 16117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEWALD, RICHARD P.O. BOX 733 FRANKLIN, PA 16323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN 3200 COLLEGE AVENUE BEAVER FALLS, PA 15010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTZ, FRANK 600 LAWRENCE AVENUE ELLWOOD CITY, PA 16117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTLE, CHRISTOPHER M 724 PERSHING STREET ELLWOOD CITY, PA 16117

UD00000224720  
02/11/05-80011-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Herbert S. Skuba</u> <b>HERBERT S. SKUBA</b> 1/27/05 724 752 0081	Date	Daytime Phone
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		