

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90300 034 \*\*\*150.00

**DOCUMENT # F03000005075**

1. Entity Name  
**APPLE OCCUPATIONAL HEALTH SERVICES, INC.**



Principal Place of Business  
**510 JAMISON AVENUE  
ELLWOOD CITY, PA 16117**

Mailing Address  
**724 PERSHING STREET  
ELLWOOD CITY, PA 16117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**25-1801003**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME SKUBA, HERBERT S  
STREET ADDRESS 724 PERSHING STREET  
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE Vice-President ☐ Change ☒ Addition  
NAME Beatrice, Jeffrey  
STREET ADDRESS 510 Jamison Ave.  
CITY-ST-ZIP Ellwood City, PA 16117

TITLE VC ☒ Delete  
NAME NEUPAUER, MICHAEL  
STREET ADDRESS 510 JAMISON AVENUE  
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HANEWALD, RICHARD  
STREET ADDRESS P.O. BOX 733  
CITY-ST-ZIP FRANKLIN, PA 16323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WHITE, JOHN  
STREET ADDRESS 3200 COLLEGE AVENUE  
CITY-ST-ZIP BEAVER FALLS, PA 15010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MARTZ, FRANK  
STREET ADDRESS 600 LAWRENCE AVENUE  
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME LITTLE, CHRISTOPHER M  
STREET ADDRESS 724 PERSHING STREET  
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Herbert S. Skuba*

Herbert S. Skuba

Date

2/22/06

Daytime Phone #

724-752-0081