

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 001 ***150.00

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1. Entity Name
APPLE OCCUPATIONAL HEALTH SERVICES, INC.



40043700

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272007 Chg-P CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE **VP** ☒ Delete
NAME **BEATRICE, JEFFREY**
STREET ADDRESS **510 JAMISON AVE**
CITY-ST-ZIP **ELLWOOD CITY, PA 16117**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Mark Smith**
STREET ADDRESS **724 Pershing Street**
CITY-ST-ZIP **Ellwood City, PA 16117** ☐ Change ☐ Addition

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

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

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 2/27/07

(724) 752-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #