

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90062 028 ***150.00

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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**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1801003	Applied For Not Applicable
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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**

**DO NOT WRITE
 IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

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	VP SMITH, MARK 724 PERSHING STREET 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

**DO NOT WRITE
 IN THIS SPACE**

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 officers empowered.

SIGNATURE: *Mark A. Smith* **MARK A. SMITH, EXECUTIVE VP** **1/18/2008 (724)752-6837**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #