

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005075

FILED
Mar 23, 2009
Secretary of State

Entity Name: APPLE OCCUPATIONAL HEALTH SERVICES, INC.

Current Principal Place of Business:

510 JAMISON AVENUE
ELLWOOD CITY, PA 16117

New Principal Place of Business:

Current Mailing Address:

724 PERSHING STREET
ELLWOOD CITY, PA 16117

New Mailing Address:

FEI Number: 25-1801003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SKUBA, HERBERT S
Address: 724 PERSHING STREET
City-St-Zip: ELLWOOD CITY, PA 16117

Title: VP () Delete
Name: SMITH, MARK
Address: 724 PERSHING STREET
City-St-Zip: ELLWOOD CITY, PA 16117

Title: D () Delete
Name: HANEWALD, RICHARD
Address: P.O. BOX 733
City-St-Zip: FRANKLIN, PA 16323

Title: D () Delete
Name: WHITE, JOHN
Address: 3200 COLLEGE AVENUE
City-St-Zip: BEAVER FALLS, PA 15010

Title: S () Delete
Name: MARTZ, FRANK
Address: 600 LAWRENCE AVENUE
City-St-Zip: ELLWOOD CITY, PA 16117

Title: T () Delete
Name: LITTLE, CHRISTOPHER M
Address: 724 PERSHING STREET
City-St-Zip: ELLWOOD CITY, PA 16117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BECK, RAYMOND
Address: 724 PERSHING STREET
City-St-Zip: ELLWOOD CITY, PA 16117

Title: V (X) Change () Addition
Name: KRIVAN, JEFFREY
Address: 724 PERSHING STREET
City-St-Zip: ELLWOOD CITY, PA 16117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JEFFREY KRIVAN

V

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date