2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005075

Apr 20, 2010 Secretary of State

Entity Name: APPLE OCCUPATIONAL HEALTH SERVICES, INC.

New Principal Place of Business: Current Principal Place of Business:

510 JAMISON AVENUE ELLWOOD CITY, PA 16117

Current Mailing Address: New Mailing Address:

724 PERSHING STREET ELLWOOD CITY, PA 16117

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

BECK, RAYMOND Name: 724 PERSHING STREET Address: City-St-Zip: ELLWOOD CITY, PA 16117

Title:

Name: KRIVAN, JEFFREY 724 PERSHING STREET Address: ELLWOOD CITY, PA 16117 City-St-Zip:

Title:

HANEWALD, RICHARD Name: P.O. BOX 733 Address: City-St-Zip: FRANKLIN, PA 16323

Title:

WHITE, JOHN Name:

Address: 3200 COLLEGE AVENUE City-St-Zip: BEAVER FALLS, PA 15010

Title:

Name: MARTZ, FRANK

600 LAWRENCE AVENUE Address: City-St-Zip: ELLWOOD CITY, PA 16117

Title:

LITTLE, CHRISTOPHER M Name: 724 PERSHING STREET Address: City-St-Zip: ELLWOOD CITY, PA 16117

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY KRIVAN V 04/20/2010