SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F92000000551 (3)**

1. Corporation Name

CMS THERAPY SERVICES, INC.

Principal Place of Business	Mailing Address
600 WILSON LANE, BOX 715 MECHANICSBURG PA 17055	600 WILSON LANE, BOX 715 MECHANICSBURG PA 17055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 25-1683926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new registered agent, if any (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A	1.2 NAME	
STREET ADDRESS	600 WILSON LANE, BOX 715	1.3 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA 17055	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☑ Change ☐ Addition
NAME	~~COLLINS, JAMES C~~	2.2 NAME	Michael J. Grabko
STREET ADDRESS	~~400 MALLARD CREEK RD. STE 200~~	2.3 STREET ADDRESS	600 Wilson Lane
CITY ST ZIP	~~LOUISVILLE KY 40207~~	2.4 CITY ST ZIP	Mechanicsburg, PA 17055
TITLE	V	3.1 TITLE	☑ Change ☐ Addition
NAME	~~CHILDERS, WILLIAM E~~	3.2 NAME	CEO James C. Collins
STREET ADDRESS	~~100 MALLARD CREEK RD. STE 300~~	3.3 STREET ADDRESS	600 Wilson Lane
CITY ST ZIP	~~LOUISVILLE KY 40207~~	3.4 CITY ST ZIP	Mechanicsburg, PA 17055
TITLE	COO	4.1 TITLE	☑ Change ☐ Addition
NAME	~~THOMPSON, LARRY W~~	4.2 NAME	V.P. & CFO James M. Douthit
STREET ADDRESS	~~100 MALLARD CREEK RD. STE 300~~	4.3 STREET ADDRESS	600 Wilson Lane
CITY ST ZIP	~~LOUISVILLE KY 40207~~	4.4 CITY ST ZIP	Mechanicsburg, PA 17055
TITLE	V	5.1 TITLE	☑ Change ☐ Addition
NAME	~~HOLLINGER, BRAD E~~	5.2 NAME	David G. Nalon
STREET ADDRESS	600 WILSON LANE, BOX 715	5.3 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	TARVIN, MICHAEL E	6.2 NAME	
STREET ADDRESS	600 WILSON LANE	6.3 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	6.4 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE: Richard E. Turri
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
Vice President

Date (717) 790-8200
(Daytime Phone)

0174600 FP