

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000551 (3)

1. Corporation Name
CMS THERAPY SERVICES, INC.



Principal Place of Business 6001 INDIAN SCHOOL RD ALBUO. NM 87110 US	Mailing Address 6001 INDIAN SCHOOL ALBUQUERQUE NM 87110-4139 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1992	3a. Date of Last Report 03/15/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 25-1683926	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ELLIOTT, NEAL 6001 INDIAN SCHOOL ROAD ALBUO. NM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SEE ATTACHED
TITLE	P ELLIOTT, NEAL 6001 INDIAN SCHOOL RD ALBUO. NM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TRES SCHOFIELD, ENRNEST 6001 INDIAN SCH. RD ALBUO. NM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SAUDER, SCOTT 6001 INDIAN SCH RD ALBUO. NM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP SOUSA, ALBERT 6001 INDIAN SCH RD ALBUO. FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V TARVIN, MICHAEL E 600 WILSON LANE MECHANICSBURG PA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Daytime Phone #

0500888

CR2E034 (9/96)

CMS THERAPY SERVICES, INC.
List of Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Neal M. Elliott	President, CEO Director	6001 Indian School Rd NE Albuquerque, NM 87110
Charles H. Gonzales	SR VP, Asst. Sec.	6001 Indian School Rd NE Albuquerque, NM 87110
Ernest A. Schofield	Sr. Vice-President, CFO	6001 Indian School Rd NE Albuquerque, NM 87110
Albert W. Sousa	VP of Operations	6001 Indian School Rd NE Albuquerque, NM 87110
Andy Agrawal	Asst. Secretary	600 Wilson Lane Mechanicsburg, PA 17055
Scot Sauder	Vice-President, Secretary	6001 Indian School Rd NE Albuquerque, NM 87110
Michael A. Jeffries	SR VP	6001 Indian School RD NE Albuquerque, NM 87110
Jacqueline Gordon	Asst. Secretary	6001 Indian School RD NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997

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