FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001742 (5)**

1. Corporation Name
NATIONAL MEDICAL SPECIALTY, INC.

Principal Place of Business	Mailing Address
BUNCHER COMMERCE PARK BLDG. 203. AVE. B YOUNGWOOD PA 15697-9907	BUNCHER COMMERCE PARK BLDG. 203. AVE. B YOUNGWOOD PA 15697-9907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 25-1698095 ☐ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, JOHN	1.2 NAME		
STREET ADDRESS	BUNCHER COMMERCE PK, BLDG. 203, AVE. B	1.3 STREET ADDRESS		
CITY-ST-ZIP	YOUNGWOOD PA	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	LASKOW, MARK J	2.2 NAME		
STREET ADDRESS	1900 GRANT BUILDING	2.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GREFENSTETTE, C G	3.2 NAME		
STREET ADDRESS	1900 GRANT BUILDING	3.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	LIBERATORE, RALPH	4.2 NAME	S	
STREET ADDRESS	BUNCHER COMMERCE PARK, BLDG. 203, AVE B.	4.3 STREET ADDRESS	CAROL ZORNAN	
CITY-ST-ZIP	YOUNGWOOD PA	4.4 CITY-ST-ZIP	203 AVENUE B YOUNGWOOD, PA 15697	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	BENJAMIN, BRIAN	5.2 NAME	S	
STREET ADDRESS	BUNCHER COMMERCE PARK, BLDG. 203, AVE B.	5.3 STREET ADDRESS	MARIAN DIETRICH	
CITY-ST-ZIP	YOUNGWOOD PA	5.4 CITY-ST-ZIP	1900 GRANT BUILDING PITTSBURGH, PA 15219	
TITLE	AS	6.1 TITLE	T	☒ Change ☐ Addition
NAME	BRACKEN JR, CHARLES H	6.2 NAME		
STREET ADDRESS	200 GRANT BUILDING	6.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: _____ CAROL ZORNAN 4-13-95 412-925-8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485032 FN