

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004743

FILED
Sep 04, 2007
Secretary of State

Entity Name: PERFORMANCE HEALTH, INC.

Current Principal Place of Business:

1017 BOYD ROAD
EXPORT, PA 15632

New Principal Place of Business:

2230 BOYD ROAD
EXPORT, PA 15632

Current Mailing Address:

1017 BOYD ROAD
EXPORT, PA 15632

New Mailing Address:

2230 BOYD ROAD
EXPORT, PA 15632

FEI Number: 25-1686397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISENBERG, PERRY
200 BANKS ROAD, SUITE 211
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

POIRIER, BOB
200 BANKS ROAD
SUITE 211
MARGATE, FL 33063 US

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: BOB POIRIER

09/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: ISENBERG, PERRY
Address: 6138 NW 80TH TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: VP, D () Delete
Name: COX, CRAIG
Address: PO BOX 309
City-St-Zip: DELMONT, PA 15626

Title: D, S () Delete
Name: COX, CHRIS
Address: 137 WHITETAIL DRIVE
City-St-Zip: HARRISON CITY, PA 15636

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DECARLI, EARL
Address: 1245 HOME AVENUE
City-St-Zip: AKRON, OH 44310

Title: CFO (X) Change () Addition
Name: MARHOEFER, KURT
Address: 1245 HOME AVENUE
City-St-Zip: AKRON, OH 44310

Title: VP (X) Change () Addition
Name: BAKER, HAL
Address: 1245 HOME AVENUE
City-St-Zip: AKRON, OH 44310

Title: VP () Change (X) Addition
Name: LICHTI, NIELS
Address: 1245 HOME AVENUE
City-St-Zip: AKRON, OH 44310

Title: VP () Change (X) Addition
Name: POIRIER, BOB
Address: 2230 BOYD ROAD
City-St-Zip: EXPORT, PA 15632

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: BOB POIRIER

VP

09/04/2007

Electronic Signature of Signing Officer or Director

Date