

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 JUN 29 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J50428 (8)

1. Corporation Name

PROFESSIONAL THERAPY INTERNATIONAL, INC.

Principal Place of Business

% TAX DEPARTMENT
P.O. BOX 715
MECHANICSBURG PA 17055-0715

Mailing Address

% TAX DEPARTMENT
P.O. BOX 715
MECHANICSBURG PA 17055-0715

200001532382
-07/07/95--01046--027
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

04/20/1994

4. FEI Number

38-2718019

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	CHANDLER, IRA.
STREET ADDRESS	355 S WOODWARD #2N
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	VD
NAME	ORTENZIO, ROBERT A
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	S
NAME	WELSH, DEBORAH MYERS
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	LEHMAN, DENNIS L
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	TARVIN, MICHAEL E
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	HOLLINGER, BRAD.
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA

1 1 TITLE	☒ Change ☐ Addition
12 NAME	Jay DeFranco
13 STREET ADDRESS	600 Wilson Lane
14 CITY - ST - ZIP	MECHANICSBURG, PA 17055
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	David G. Nation
63 STREET ADDRESS	
64 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)(k), 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

Deborah Myers Welsh, Vice President

Date

(717) 790-8300

Typed Name