

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J50428 (8)

1. Corporation Name

PROFESSIONAL THERAPY INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 26 6001 Indian School Road

4. FEI Number

Applied For

38-2718019

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
Albuquerque, NM

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

24 25 29 87110 30 US

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

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 ☐ DELETE
NAME JOY DEFRANCO
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA 17055

1.1 TITLE President & COO ☒ Change ☐ Addition

TITLE VD ☒ DELETE
NAME ORTENZIO, ROBERT A
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE S ☒ DELETE
NAME WELSH, DEBORAH MYERS
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

2.1 TITLE Director ☐ Change ☒ Addition

TITLE V ☒ DELETE
NAME LEHMAN, DENNIS L
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE V ☐ DELETE
NAME TARVIN, MICHAEL E
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

2.5 STREET ADDRESS

2.6 CITY-STATE-ZIP

TITLE V ☒ DELETE
NAME NATION, DAVID G
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

3.1 TITLE Secretary & V.P. ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-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:

Michael E. Tarvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

(717) 790-8300
Daytime Phone #

CR2E034 (12/95)