

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

6001 INDIAN SCHOOL ROAD
ALBUQUERQUE NM 87110-4139
US



3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

38-2718019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM
1200 S. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	JOY DEFRANCO	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOTT, NEAL M	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	SAUDER, SCOT	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ERNEST A	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TARVIN, MICHAEL E	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	BAUER, JOHN H	
STREET ADDRESS	4283 SOUTH STREAM BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/23/97

Date

Daytime Phone #

CR2E034 (9/96)

PROFESSIONAL THERAPY INTERNATIONAL INC.
List of Officers and Directors

Title	Name/SSN	Street Address
Director	Neal M. Elliott 532-38-8545	6001 Indian School Rd NE Albuquerque, NM 87110
President	Paul Zimmerman	3850 North Wilke Rd, Ste 200 Arlington Heights, IL 60004
CEO	Charles H. Gonzales 585-66-5408	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President, CFO	Ernest A. Schofield 521-92-7317	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President, Secretary	Scot Sauder 555-90-0219	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President of Taxation	Doug Warrick	6001 Indian School Rd NE Albuquerque, NM 87110
Asst. Secretary	Jacqueline Gordon 226-84-0639	6001 Indian School Rd NE Albuquerque, NM 87110

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