

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17985

FILED
Apr 25, 2009
Secretary of State

Entity Name: CROTHALL CLINICAL EQUIPMENT SERVICES, INC.

Current Principal Place of Business:

4509 W. RIDGE ROAD
ERIE, PA 16506

New Principal Place of Business:

955 CHESTERBROOK BLVD
STE 300
WAYNE, PA 19087

Current Mailing Address:

4509 W. RIDGE ROAD
ERIE, PA 16506

New Mailing Address:

2400 YORKMONT ROAD
C/O TAX DEPARTMENT
CHARLOTTE, NC 28217

FEI Number: 25-1563482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUTTCH, ROBERT
Address: 955 CHESTERBROOK BLVD., STE 300
City-St-Zip: WAYNE, PA 19087

Title: SV () Delete
Name: WELLS, C. PHILLIP
Address: 2400 YORKMONT RD
City-St-Zip: CHARLOTTE, NC 28217

Title: TD () Delete
Name: GATTI, DANIEL
Address: 955 CHESTERBROOK BLVD., STE 300
City-St-Zip: WAYNE, PA 19087

Title: S () Delete
Name: MOFFETT, M ELLEN
Address: 955 CHESTERBROOK BLVD., STE 300
City-St-Zip: WAYNE, PA 19087

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: WELLS, C. PHILLIP
Address: 2400 YORKMONT RD
City-St-Zip: CHARLOTTE, NC 28217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: ROSSITCH, RICHARD J
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: AS () Change (X) Addition
Name: DELANO, DEBORAH K
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

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: C PHILLIP WELLS

SVP

04/25/2009

Electronic Signature of Signing Officer or Director

Date