2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17985

FILED Apr 26, 2010 Secretary of State

Entity Name: CROTHALL CLINICAL EQUIPMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

955 CHESTERBROOK BLVD STE 300

WAYNE, PA 19087

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD

Name: KUTTCH, ROBERT

Address: 955 CHESTERBROOK BLVD., STE 300

City-St-Zip: WAYNE, PA 19087

Title: SVP

 Name:
 BROWN, C PALMER

 Address:
 2400 YORKMONT RD

 City-St-Zip:
 CHARLOTTE, NC 28217

Title: TD

Name: GATTI, DANIEL

Address: 955 CHESTERBROOK BLVD., STE 300

City-St-Zip: WAYNE, PA 19087

Title:

Name: SHISLER, VICTORIA

Address: 955 CHESTERBROOK BLVD., STE 300

City-St-Zip: WAYNE, PA 19087

Title: AS

Name: ROSSITCH, RICHARD J Address: 2400 YORKMONT ROAD City-St-Zip: CHARLOTTE, NC 28217

Title: AS

Name: DELANO, DEBORAH K Address: 2400 YORKMONT ROAD City-St-Zip: CHARLOTTE, NC 28217

I hereby 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 all other like empowered.

SIGNATURE: C PALMER BROWN SVP 04/26/2010