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 JUL 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P18666** **(8)**

1. Corporation Name
PRO THERAPY OF AMERICA, 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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 38-2457180 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	P.T. + CEO	☑ Change ☐ Addition
NAME	~~SNIDER, IRA~~	12 NAME	Joy DeFranco	
STREET ADDRESS	355 S. WOODWARD AVE.#2N	13 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A	22 NAME		
STREET ADDRESS	600 WILSON LN	23 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	WELSH, DEBORAH MYERS	32 NAME		
STREET ADDRESS	600 WILSON LN	33 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	TARVIN, MICHAEL E.	42 NAME		
STREET ADDRESS	600 WILSON LN	43 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	LEHMAN, DENNIS L	52 NAME		
STREET ADDRESS	600 WILSON LANE	53 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☑ Change ☐ Addition
NAME	~~HOLLINGER, BRAD~~	62 NAME	David A. Nation	
STREET ADDRESS	600 WILSON LANE	63 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA	64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Michael E. Tarvin (717) 790-83300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0000141 CP