

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 04/01/1988
3a. Date of Last Report 07/21/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 6001 Indian School Road Suite, Apt. #, etc.	26 6001 Indian School Rd. Suite, Apt. #, etc.	38-2457180	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Albuquerque, NM	28 Albuquerque, NM	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 87110	25 Country US	29 Zip 87110	30 Country US
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
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 their applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1 1 TITLE	President & COO
NAME	DEFRANCO, JOY	12 NAME	
STREET ADDRESS	355 S. WOODWARD AVE.#2N	13 STREET ADDRESS	
CITY-STATE-ZIP	BIRMINGHAM MI	14 CITY-STATE-ZIP	
TITLE	VD	2 1 TITLE	Director & EVP
NAME	ORTENZIO, ROBERT A	22 NAME	Neal M. Elliot
STREET ADDRESS	600 WILSON LN	23 STREET ADDRESS	6001 Indian School Road
CITY-STATE-ZIP	MECHANICSBURG PA	24 CITY-STATE-ZIP	Albuquerque, NM 87110
TITLE	S	3 1 TITLE	V.P. & Sec.
NAME	WELSH, DEBORAH MYERS	32 NAME	Scot Sauder
STREET ADDRESS	600 WILSON LN	33 STREET ADDRESS	6001 Indian School Road
CITY-STATE-ZIP	MECHANICSBURG PA	34 CITY-STATE-ZIP	Albuquerque, NM 87110
TITLE	V	4 1 TITLE	
NAME	TARVIN, MICHAEL E.	42 NAME	
STREET ADDRESS	600 WILSON LN	43 STREET ADDRESS	
CITY-STATE-ZIP	MECHANICSBURG PA	44 CITY-STATE-ZIP	
TITLE	V	5 1 TITLE	V.P. & Treasurer
NAME	LEHMAN, DENNIS L	52 NAME	Ernest A. Schofield
STREET ADDRESS	600 WILSON LANE	53 STREET ADDRESS	6001 Indian School Road
CITY-STATE-ZIP	MECHANICSBURG PA	54 CITY-STATE-ZIP	Albuquerque, NM 87110
TITLE	V	6 1 TITLE	V.P. & CFO
NAME	NATION, DAVID G.	62 NAME	John E. Bauer
STREET ADDRESS	600 WILSON LANE	63 STREET ADDRESS	4283 South Stream Blvd.
CITY-STATE-ZIP	MECHANICSBURG PA	64 CITY-STATE-ZIP	Charlotte, NC 84717

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)