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 # **P22313** **(1)**

1. Corporation Name
CMS THERAPIES PROVIDER, INC.

Principal Place of Business	Mailing Address
C/O TAX DEPARTMENT P.O. BOX 715 MECHANICSBURG PA 17055-0715	C/O TAX DEPARTMENT P.O. BOX 715 MECHANICSBURG PA 17055-0715

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1554818 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
ZIP 24 Country 25	ZIP 29 Country 30

8. 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 (Fill in)	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	~~BALDWIN, STEVEN~~	12 NAME	
STREET ADDRESS	~~SOUTHGATE II, STE 21, BLOWING ROCK RD.~~	13 STREET ADDRESS	
CITY ST ZIP	~~BOONE NC~~	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, DENNIS L.	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 LANE	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 LANE	43 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG P	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A.	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 E.~~	62 NAME	Warren H. McInteer
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)(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 (717) 790-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0000140 CP