

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 # 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**

3. Date Incorporated or Qualified

12/28/1988

3a. Date of Last Report

07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 6001 Indian School Road
Suite, Apt. #, etc.

26 6001 Indian School Road
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Albuquerque, Nm

28 Albuquerque, NM

24 Zip

Country

US

29 Zip

Country

US

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BALDWIN, STEVEN | |
| STREET ADDRESS | SOUTHGATE II, STE 21, BLOWING ROCK RD. | |
| CITY-STATE-ZIP | BOONE NC | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | LEHMAN, DENNIS L. | |
| STREET ADDRESS | 600 WILSON LN. | |
| CITY-STATE-ZIP | MECHANICSBURG PA | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | WELSH, DEBORAH MYERS | |
| STREET ADDRESS | 600 WILSON LANE | |
| CITY-STATE-ZIP | MECHANICSBURG PA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | TARVIN, MICHAEL E | |
| STREET ADDRESS | 600 WILSON LANE | |
| CITY-STATE-ZIP | MECHANICSBURG P | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | ORTENZIO, ROBERT A. | |
| STREET ADDRESS | 600 WILSON LANE | |
| CITY-STATE-ZIP | MECHANICSBURG PA | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | TERR, WARREN H. | |
| STREET ADDRESS | 600 WILSON LANE | |
| CITY-STATE-ZIP | MECHANICSBURG PA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Neal M. Elliott | |
| 1.3 STREET ADDRESS | 6001 Indian School Road | |
| 1.4 CITY-STATE-ZIP | Albuquerque, NM 87110 | |
| 2.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | John F. Egan | |
| 2.3 STREET ADDRESS | 4283 South Stream Blvd. | |
| 2.4 CITY-STATE-ZIP | Charlotte, NC 84717 | |
| 3.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Scot Sauder | |
| 3.3 STREET ADDRESS | 6001 Indian School Road | |
| 3.4 CITY-STATE-ZIP | Albuquerque, NM 87110 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Ernest A. Schofield | |
| 5.3 STREET ADDRESS | 6001 Indian School Road | |
| 5.4 CITY-STATE-ZIP | Albuquerque, NM 87110 | |
| 6.1 TITLE | V.P. & Ast. Sec. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Andy Agrawal | |
| 6.3 STREET ADDRESS | 4283 South Stream Blvd. | |
| 6.4 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

8/1/96

Date (717) 790-8300 Daytime Phone #

CR2E034 (12/95)