SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $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
1995 JUL 27 AM 10:13
TALLAHASSEE, FLORIDA

DOCUMENT # **P22316** **(4)**

1. Corporation Name
CMS THERAPIES, 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
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc. (22)	Suite, Apt #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 56-1634978	☐ 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 _____ 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 1995	
TITLE	~~PD~~	11 TITLE	CEO ☐ Change ☐ Addition
NAME	~~BALDWIN, STEVEN~~	12 NAME	Rocco A. Ortenzio
STREET ADDRESS	~~SOUTHGATE II, STE. 21, BLOWING ROCK RD.~~	13 STREET ADDRESS	600 Wilson Lane
CITY-ST-ZIP	~~BOONE NC~~	14 CITY-ST-ZIP	Mechanicsburg PA 17055
TITLE	~~VP~~	21 TITLE	V.P. + Director ☐ Change ☐ Addition
NAME	~~HUBBARD, LYNN~~	22 NAME	Patricia A. Rice
STREET ADDRESS	~~SOUTHGATE II, STE 21, BLOWING ROCK RD.~~	23 STREET ADDRESS	600 Wilson Lane
CITY-ST-ZIP	~~BOONE NC~~	24 CITY-ST-ZIP	Mechanicsburg, PA 17055
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	TARVIN, MICHAEL E.	32 NAME	
STREET ADDRESS	600 WILSON LN	33 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	34 CITY-ST-ZIP	
TITLE	TV	41 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, DENNIS L.	42 NAME	
STREET ADDRESS	600 WILSON LN	43 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	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	S	61 TITLE	☐ Change ☐ Addition
NAME	WELSH, DEBORAH MYERS	62 NAME	
STREET ADDRESS	600 WILSON LANE	63 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	64 CITY-ST-ZIP	

CR2E034 (9/95)

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 Date 7/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Vice President
Daytime Phone #

0000142 CP