

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 4283 South Stream Blvd.

26 6001 Indian School Road

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Charlotte, NC

28 City & State  
Albuquerque, NM

24 Zip 84717

Country US

29 Zip 87110

Country US

3. Date Incorporated or Qualified

12/28/1988

3a. Date of Last Report

07/27/1995

4. FEI Number

56-1634978

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	ORTENZIO, ROCCO A	
STREET ADDRESS	600 WILSON LANE	
CITY-STATE-ZIP	MECHANICSBURG PA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, PATRICIA A	
STREET ADDRESS	600 WILSON LANE	
CITY-STATE-ZIP	MECHANICSBURG PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TARVIN, MICHAEL E.	
STREET ADDRESS	600 WILSON LN	
CITY-STATE-ZIP	MECHANICSBURG PA	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, DENNIS L.	
STREET ADDRESS	600 WILSON LN	
CITY-STATE-ZIP	MECHANICSBURG PA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ORTENZIO, ROBERT A.	
STREET ADDRESS	600 WILSON LANE	
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	

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles H. Gonzales	
1.3 STREET ADDRESS	6001 Indian School Road	
1.4 CITY-STATE-ZIP	Albuquerque, NM 87110	
2.1 TITLE	Pres. & COO	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Vice Pres. & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ernest A. Schofield	
4.3 STREET ADDRESS	6001 Indian School Road	
4.4 CITY-STATE-ZIP	Albuquerque, NM 87110	
5.1 TITLE	V.P. & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John E. Bauer	
5.3 STREET ADDRESS	4283 South Stream Blvd.	
5.4 CITY-STATE-ZIP	Charlotte, NC 84717	
6.1 TITLE	V.P. & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Scot Sauder	
6.3 STREET ADDRESS	6001 Indian School Road	
6.4 CITY-STATE-ZIP	Albuquerque, NM 87110	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael E. Tarvin*

3/1/96

Date

(717) 790-8300

Daytime Phone #

CR2E034 (12/95)