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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
4283 SOUTH STREAM BLVD CHARLOTTE NC 84717 US	6001 INDIAN SCHOOL ROAD ALBUQERQUE NM 87110-4139 US

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 03/15/1996

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

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 IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALES, CHARLES		1.2 NAME		
STREET ADDRESS	6001 INDIAN SCHOOL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM		1.4 CITY-ST-ZIP	SEE ATTACHED	
TITLE	PCOO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EGAN, JOHN F.		2.2 NAME		
STREET ADDRESS	4283 SOUTH STREAM BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE MN		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TARVIN, MICHAEL E.		3.2 NAME		
STREET ADDRESS	600 WILSON LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		3.4 CITY-ST-ZIP		
TITLE	TV	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEHMAN, DENNIS L.		4.2 NAME		
STREET ADDRESS	600 WILSON LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A.		5.2 NAME		
STREET ADDRESS	600 WILSON LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WELSH, DEBORAH MYERS		6.2 NAME		
STREET ADDRESS	600 WILSON LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CMS THERAPIES, INC.
List of Officers and Directors

Name	Title	Street Address
John F. Egan	President, COO	4235 South Stream Blvd Ste 300 Charlotte, NC 28217
Neal M. Elliott	Exec. Vice-President, Director	6001 Indian School Rd NE Albuquerque, NM 87110
John E. Bauer	Sr. Vice-President, CFO	4235 South Stream Blvd Ste 300 Charlotte, NC 28217
Charles H. Gonzales	CEO, Director	6001 Indian School Rd NE Albuquerque, NM 87110
Ernest A. Schofield	Sr. Vice-President, Treas., Director	6001 Indian School Rd NE Albuquerque, NM 87110
Andy Agrawal	Sr. Vice-President, Secretary	600 Wilson Lane Mechanicsburg, PA 17055
Scot Sauder	Vice-President, Asst. Sec.	6001 Indian School Rd NE Albuquerque, NM 87110
Michael D. Smith	Vice-President	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire September 30, 1997