2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # P36610** 1. Entity Name 04-20-2006 90193 030 ***150.00 CROTHALL HEALTHCARE INC. Principal Place of Business Mailing Address C/O TAX DEPT. 2400 YORKMART RD. CHARLOTTE NC 28217 955 CHESTERBROOK BLVD., #300 **WAYNE PA 19087** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 63-1053451 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.Q. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEOD TITLE ☐ Change ☐ Addition ☐ Delete KUTTEH, ROBERT NAME 955 CHESTERBROOK BLVD., #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WAYNE PA 19087** CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME GATTI, DANIEL STREET ADDRESS 955 CHESTERBROOK BLVD., #300 STREET ADDRESS CITY-ST-ZIP WAYNE PA 19087 CITY-ST-ZIP ☐ Addition ☐ Detete Change TITLE TITLE NAME NAME BAILEY, MICHAEL STREET ADDRESS STREET ADDRESS 955 CHESTERBROOK BLVD., #300 CITY-ST-ZIP **WAYNE PA 19087** CITY-ST-ZIP SVP TITLE X Delete TITLE Addition . NAME COYNE, CHRIS NAME m. Ellen mothett 955 Chesterbrook Blud 300 STREET ADDRESS 955 CHESTERBROOK BLVD., #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WAYNE PA 19087** SVP Change TITLE ☐ Delete TITLE ☐ Addition MENSECK, RICHARD NAME NAME 955 CHESTERBROOK BLVD., #300 STREET ADDRESS STREET ADDRESS **WAYNE PA 19087** CITY-ST-ZIP CITY-ST-ZIP AS ☐ Delete Change ☐ Addition ROSSITCH, RICHARD J NAME 2400 YORKMONT RD. STREET ADDRESS STREET ADDRESS CHARLOTTE NC 28217 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

ATTACHMENT

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Crothall Healthcare, Inc. 63-1053451 2400 Yorkmont Road; Charlotte, NC 28217

Directors:

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Daniel Gatti 955 Chesterbrook Blvd, Wayne, PA 19087

Officers:

<u>Name</u> <u>Office</u>

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