

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36610

Entity Name: CROTHALL HEALTHCARE INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

955 CHESTERBROOK BLVD., #300
300
WAYNE, PA 19087 US

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT.
2400 YORKMART RD.
CHARLOTTE, NC 28217 US

New Mailing Address:

FEI Number: 63-1053451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: KUTTEH, ROBERT
Address: 955 CHESTERBROOK BLVD., #300
City-St-Zip: WAYNE, PA 19087 US

Title: DSVT () Delete
Name: GATTI, DANIEL
Address: 955 CHESTERBROOK BLVD., #300
City-St-Zip: WAYNE, PA 19087 US

Title: SVP () Delete
Name: BAILEY, MICHAEL
Address: 955 CHESTERBROOK BLVD., #300
City-St-Zip: WAYNE, PA 19087 US

Title: SVP () Delete
Name: MENSECK, RICHARD
Address: 955 CHESTERBROOK BLVD., #300
City-St-Zip: WAYNE, PA 19087 US

Title: AS () Delete
Name: ROSSITCH, RICHARD J
Address: 2400 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: WELLS, C PHILLIP
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217 US

Title: T (X) Change () Addition
Name: ZAUF, GARY Z
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: SHISLER, VICTORIA E
Address: 955 CHESTERBROOK BLVD, #300
City-St-Zip: WAYNE, PA 19087

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C PHILLIP WELLS

SVP

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date