

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36610

FILED
Apr 20, 2011
Secretary of State

Entity Name: CROTHALL HEALTHCARE INC.

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

OFFICERS AND DIRECTORS:

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

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

Title: VPAS
Name: BROWN, C PALMER
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217 US

Title: AT
Name: ZAUF, GARY Z
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: C PALMER BROWN

VPAS

04/20/2011

Electronic Signature of Signing Officer or Director

Date