

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 # P37125 (2)

1. Corporation Name

THERA-LAB, INC.



Principal Place of Business

727 HYLTON ROAD  
PENNSAUKEN NJ 08110

Mailing Address

727 HYLTON ROAD  
PENNSAUKEN NJ 08110

3. Date Incorporated or Qualified  
01/13/1992

3a. Date of Last Report  
05/16/1995

2. Principal Place of Business

21 1300 ROUTE 73  
(Suite) Apt. #, etc.

22 205

City & State

23 MOUNT LAUREL, NJ  
Zip Country

24 08054

25 BURLINGTON

2a. Mailing Address

26 1300 ROUTE 73  
Suite, Apt. #, etc.

27 205

City & State

28 MOUNT LAUREL  
Zip Country

29 08054

30 BURLINGTON

4. FEI Number

22-3129902

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 607.1506, 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

TITLE PDST  
NAME DIGIULIO, PETER V.  
STREET ADDRESS 101 FOSTER  
CITY-ST-ZIP MOORESTOWN NJ

☒ DELETE

TITLE T  
NAME GOLDBERG, BRUCE C.  
STREET ADDRESS 727 HYLTON RD.  
CITY-ST-ZIP PENNSAUKEN NJ

☒ DELETE

TITLE VP  
NAME KALUSTYAN, BERDJ C  
STREET ADDRESS 101 FOSTER RD  
CITY-ST-ZIP MOORESTOWN NJ

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME CRAIG PORTER  
1.3 STREET ADDRESS 715 BRANDYWINE DRIVE  
1.4 CITY-ST-ZIP MOORESTOWN, NJ 08057

☐ Change ☒ Addition

2.1 TITLE VTS  
2.2 NAME JACK N. BROWN  
2.3 STREET ADDRESS 511 S. 18TH STREET  
2.4 CITY-ST-ZIP PHILADELPHIA, PA 19146

☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME S. LAURENCE SHATMAN  
3.3 STREET ADDRESS 1411 WALNUT ST., STE 1014  
3.4 CITY-ST-ZIP PHILADELPHIA, PA

☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME DON AYERS  
4.3 STREET ADDRESS 6125 MEMORIAL DRIVE  
4.4 CITY-ST-ZIP DUBLIN, OH 43017

☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME LANCE POULSEN  
5.3 STREET ADDRESS 6125 MEMORIAL DRIVE  
5.4 CITY-ST-ZIP DUBLIN, OH 43017

☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME REBECCA PARRETT  
6.3 STREET ADDRESS 6125 MEMORIAL DRIVE  
6.4 CITY-ST-ZIP DUBLIN, OH 43017

☐ Change ☒ Addition

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:

JACK N BROWN

4-30-96

Date

609 778 1166

Daytime Phone

CR2E034 (12/95)