

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005075

Entity Name: APPLE OCCUPATIONAL HEALTH SERVICES, INC.**Current Principal Place of Business:**510 JAMISON AVENUE
ELLWOOD CITY, PA 16117**Current Mailing Address:**724 PERSHING STREET
ELLWOOD CITY, PA 16117**FEI Number:** 25-1801003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title	P
Name	BECK, RAYMOND
Address	724 PERSHING STREET
City-State-Zip:	ELLWOOD CITY PA 16117

Title	V
Name	KRIVAN, JEFFREY
Address	724 PERSHING STREET
City-State-Zip:	ELLWOOD CITY PA 16117

Title	D
Name	HANEWALD, RICHARD
Address	P.O. BOX 733
City-State-Zip:	FRANKLIN PA 16323

Title	D
Name	WHITE, JOHN
Address	3200 COLLEGE AVENUE
City-State-Zip:	BEAVER FALLS PA 15010

Title	S
Name	MARTZ, FRANK
Address	600 LAWRENCE AVENUE
City-State-Zip:	ELLWOOD CITY PA 16117

Title	T
Name	LITTLE, CHRISTOPHER M
Address	724 PERSHING STREET
City-State-Zip:	ELLWOOD CITY PA 16117

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: JEFFREY KRIVAN

VICE PRESIDENT/COO

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date