

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90024 009 \*\*\*150.00

DOCUMENT # H39795  
 1. Entry Name  
 OCEAN HEALTH PROPERTIES, INC.



Principal Place of Business  
 113 SOUTH MARKET STREET  
 ELIZABETHTOWN, PA 17022 US

Mailing Address  
 P O BOX 151  
 ELIZABETHTOWN, PA 17022 US

40069370



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 74-2357405 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FELTY, RONALD L
STREET ADDRESS	113 S. MARKET STREET
CITY-ST-ZIP	ELIZABETHTOWN, PA 17022

TITLE	P
NAME	WILT, WALTER W
STREET ADDRESS	23 ESSEX DR
CITY-ST-ZIP	PALMYRA, PA 17078

**FELTY AND COMPANY HOSPITAL ESCROW** 05-93

PO BOX 151  
 ELIZABETHTOWN, PA 17022-0151

Date 4-1-08 112  
 60-912/313 13

Pay to the Order of FLORIDA Department of State \$ 150.00  
One hundred fifty — 00/100 — Dollars

**Susquehanna** Susquehanna Bank PA  
 www.susquehanna.net

For \_\_\_\_\_ *(Signature)*

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Ronald Felty* Ronald L. Felty 717-367-7522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #