

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213523509

1.) CORPORATION NAME:

CROTHALL HEALTHCARE INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1089830**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O TAX DEPT
2400 YORKMONT ROAD

CITY/ST/ZIP: CHARLOTTE, NC 28217

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT KUTTEH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	955 CHESTERBROOK BLVD STE 300		
CITY/ST/ZIP/CO:	WAYNE, PA 19087		

NAME:	DANIEL GATTI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	955 CHESTERBROOK BLVD STE 300		
CITY/ST/ZIP/CO:	WAYNE, PA 19087		

NAME:	DEBORAH K DELANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2400 YORKMONT RD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28217		

NAME:	RICHARD J ROSSITCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2400 YORKMONT ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28217		

NAME:	VICTORIA ENDRISS SHISLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	955 CHESTERBROOK BLVD		
CITY/ST/ZIP/CO:	STE 300 WAYNE, PA 19087		

NAME:	C Palmer Brown	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2400 Yorkmont Road		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		

NAME: Thomas Racobaldo TITLE: PRESIDENT ADDRESS: 955 Chesterbrook Blvd CITY/ST/ZIP/CO: Wayne, PA 19087	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Gary Zauf TITLE: ASST TREASURER ADDRESS: 2400 Yorkmont Road CITY/ST/ZIP/CO: Charlotte, NC 28217	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ C PalmerBrown	C PalmerBrown,	5/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.