
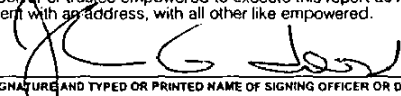


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90002 008 ***158.75

50001833

DOCUMENT # F06000002085					
1. Entity Name AMERIHEALTH INTEGRATED CASE MANAGEMENT, INC.					
Principal Place of Business 1901 MARKET ST. PHILADELPHIA, PA 19103		Mailing Address 1901 MARKET ST. PHILADELPHIA, PA 19103			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2754696	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, JOSEPH A.		NAME		
STREET ADDRESS	1901 MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	EVP COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FASCIA, ROBERT J.		NAME	Christopher Butler	
STREET ADDRESS	1901 MARKET ST.		STREET ADDRESS	1901 Market Street	
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP	Phila., PA 19103	
TITLE	CFOT	<input type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOS, JOHN G.		NAME	John A. Daddis	
STREET ADDRESS	1901 MARKET ST.		STREET ADDRESS	1901 Market Steet	
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP	Phila., PA 19103	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEESON, RICHARD J.		NAME		
STREET ADDRESS	1901 MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
TITLE	SVPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUFANO, PAUL A. ESQ.		NAME		
STREET ADDRESS	1901 MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			9-12-07		215-241-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
John G. Foos					