2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90198 045 ***150.00

0951673 AT

DOCUMENT # F99000005865

1. Entity Name

~~PARALIGN REVENUE MANAGEMENT, INC.~~

Argent Healthcare Financial Services, Inc.

Principal Place of Business	Mailing Address
3800 N. CENTRAL	~~3500 W PETERSON AVE~~
1000	~~400~~
PHOENIX AZ 85012	~~CHICAGO IL 60659~~

11033256

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2675 Breckinridge Blvd. Suite, Apt. #, etc.
City & State	City & State: Duluth, GA
Zip / Country	Zip: 30096 / Country: US

4. FEI Number 36-4325052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COPD LANGSAM, DAVID 3500 W. PETERSON AVE #400 CHICAGO IL 60659	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William Bull 3500 W. Peterson Ave., Ste. 400 Chicago, IL 60659	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO GECSEY, WILLIAM 3500 W. PETERSON AVE 400 CHICAGO IL 60659	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph Connolly / CFO 4450 River Green Pkwy., Ste. 200 Duluth, GA 30096	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLAN, JOE 6100 SEARS TOWER 233 S WACKER CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Alice Gwyn Hensel 4450 River Green Pkwy, Ste. 200 Duluth, GA 30096	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONDY, CRAIG 6100 SEARS TOWER CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAUNER, BRUCE V 6100 SEARS TOWER CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNINGHAM, DENNIS 4450 RIVER GREEN PKWY SUITE 200 DULUTH GA 30096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 4/28/03 (770) 925-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #