2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90197 015 ***150.00

DOCUMENT # P98000064026

1. Entity Name

ADVANTAGE HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
101 SUN AVE NE ALBUQUERQUE NM 87109	101 SUN AVE NE ALBUQUERQUE NM 87109-4373

D0037231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	attn: Legal Department
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 85-0455390 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SLICE, MICHAEL 101 SUN AVE NE ALBUQUERQUE NM 87109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James Hosley 101 Sun Avenue, NE Albuquerque, NM 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO WOLTIL, ROBERT D 101 SUN AVE NE ALBUQUERQUE NM 87109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLOOM, MARK 101 SUN AVE NE ALBUQUERQUE NM 87109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Michael T. Berg 101 Sun Avenue, NE Albuquerque, NM 87109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPC WARRICK, WILLIAM C 101 SUN AVE NE ALBUQUERQUE NM 87109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPC Jennifer Potter 101 Sun Avenue, NE Albuquerque, NM 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT PATRICK, MATTHEW G 101 SUN AVE NE ALBERQUERQUE NW 87109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HAYES, CRAIG D 101 SUN AVE NE ALBUQUERQUE NM 87109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael T. Berg Michael T. Berg, Secretary 3/22/00 505-821-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #