

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90605 012 ***150.00

0627248 AT

DOCUMENT # P98000064026

1. Entity Name
ADVANTAGE HEALTH SERVICES, INC.

Principal Place of Business

**101 SUN AVE NE
 ALBUQUERQUE NM 87109**

Mailing Address

**ATTN: LEGAL DEPT
 101 SUN AVE NE
 ALBUQUERQUE NM 87109**

2. Principal Place of Business

3. Mailing Address

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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.

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, 2002 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 HOSLEY, JAMES 101 SUN AVE NE ALBUQUERQUE NM 87109	☒ Delete
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	VPC WARRICK, WILLIAM C 101 SUN AVE NE ALBUQUERQUE NM 87109	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PATRICK, MATTHEW G 101 SUN AVE NE ALBUQUERQUE NW 87109	☒ Delete
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		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John W. Driscoll 101 Sun Ave NE Albuquerque, NM 87109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Michael E. Rzendzian 101 Sun Ave NE Albuquerque, NM 87109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & Treasurer Catherine Greany 101 Sun Ave NE Albuquerque, NM 87109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael T. Berg 101 Sun Ave NE Albuquerque, NM 87109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Berg

4/16/02 (505) 821-3355

Date

Daytime Phone #

CR2E034 (9/01)