

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90067 017 ***150.00

DOCUMENT # 839906

1. Corporation Name

FIRST HEALTH SERVICES CORPORATION

Principal Place of Business

4300 COX ROAD
GLEN ALLEN VA 23060
US

Mailing Address

3200 HIGHLAND AVENUE
ATTN: LEGAL DEPT.
DOWNERS GROVE IL 60515
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1978

4. FEI Number

54-0849793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required --

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DIMARCO, TERESA
STREET ADDRESS 4300 COX ROAD
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE DVT ☐ DELETE

NAME WHITTERS, JOSEPH E.
STREET ADDRESS 3200 HIGHLAND AVENUE
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE DV ☐ DELETE

NAME WRISTEN, EDWARD L.
STREET ADDRESS 3200 HIGHLAND AVENUE
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE S ☐ DELETE

NAME SMITH, SUSAN T.
STREET ADDRESS 3200 HIGHLAND AVENUE
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE AS ☐ DELETE

NAME COUNCIL, JAMES G.
STREET ADDRESS 4300 COX ROAD
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE AVF ☐ DELETE

NAME TAUTE, DENNY
STREET ADDRESS 4141 N. SCOTTSDALE ROAD
CITY-ST-ZIP SCOTTSDALE AZ 85251

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan T. Smith 1/29/99 (620)241-7900

CR2E034 (11/98)