

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839906

1. Entity Name

FIRST HEALTH SERVICES CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90004 034 ***150.00

Principal Place of Business

Mailing Address

4300 COX ROAD
GLEN ALLEN VA 23060
US

3200 HIGHLAND AVENUE
ATTN: LEGAL DEPT.
DOWNERS GROVE IL 60515-1223
US

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

54-0849793

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Susan T. Smith SIGNED SUSAN T. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

630-241-7900
Daytime Phone #

CR2E034 (9/99)