DOCUMENT # 1. Entity Name

VANTAGE HEALTHCARE CORPORATION

Principal Place of Business

Mailing Address

858409

ONE THOUSAND BEVERLY WAY

FT. SMITH AR 72919-0155 US

City & State

Zip

72919

Fort Smith, AR

ONE THOUSAND BEVERLY WAY FT. SMITH AR 72919-0155

2.	Principal Place of Business	
•	One Thousand Description	

3. Mailing Address

Suite, Apt. #, etc.

One Thousand Reverly Way Suite, Apt. #, etc.

City & State

Fort Smith, AR

Zip Country 72919

35-1572998

DO NOT WRITE IN THIS SPACE

Not Applicable \$8.75 Additional П Fee Required

Applied For

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET

9. This corporation is eligible to satisfy its Intangible

Country

TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent Name

5. Certificate of Status Desired

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

4. FEI Number

City

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.

ONE THOUSAND BEVERLY WAY

FORT SMITH FL 72919

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2002 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DEVEREAUX, DAVID R NAME STREET ADDRESS ONE THOUSAND BEVERLY WAY STREET ADDRESS CITY-ST-ZIP FORT SMITH AR 72919 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KASTER, ALYCE J STREET ADDRESS ONE THOUSAND BEVERLY WAY STREET ADDRESS CITY-ST-ZiP FT SMITH AR 72919-0155 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ROBERTS, KEVIN M STREET ADDRESS ONE THOUSAND BEVERLY WAY STREET ADDRESS CITY-ST-ZIP FORT SMITH AR 72919 CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE ☐ Change ■ Addition NAME MACKENZIE, JOHN W NAME STREET ADDRESS ONE THOUSAND BEVERLY WAY STREET ADDRESS CITY-ST-ZIP FT SMITH AR 72919-0155 CITY-ST-ZIP TITLE AS ☐ Delete TITLE Change ☐ Addition BRANNON, MONA NAME NAME STREET ADDRESS ONE THOUSAND BEVERLY WAY STREET ADDRESS CITY-ST-ZIP FORT SMITH AR 72919 CITY-ST-ZIP Delete TITLE VP-Financial Controls X Addition HOLLINGSWORTH, SCHUYLER JR

Fort Smith, AR 72919 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

David G. Merrell

One Thousand Beverly Way

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

John W. MacKenzie URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

(479) 201–4840

Daytime Phone #

CR2E034 (9/01)