

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000158

1. Entity Name

OAO HEALTHCARE SOLUTIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90258 026 ***150.00

Principal Place of Business
 7500 GREENWAY CENTER DRIVE, 16TH FLOOR
 GREENBELT MD 20770

Mailing Address
 7500 GREENWAY CENTER DRIVE, 16TH FLOOR
 GREENBELT MD 20770

A0068767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 95-4659947		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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, 2001 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	PD PRATT, GREGORY A 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT MD 20770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMPRECHT, REVELL 6300 CANOGA AVE., SUITE 550 WOODLAND HILLS CA 91367 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne Owens <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FOX, J. JEFFREY 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT MD 20770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, VCFO, and D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUCANES, A. CHRISTOPHER 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT MD 20770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dianne R. Sagner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7500 Greenway Center Drive, 16th Floor Greenbelt, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DONALD F 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT MD 20770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELL, CHRISTINE M 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT MD 20770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

301-486-0400

CR2E034 (10/00)