2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # F0000003598 STRATEGIC HEALTH ALLIANCE MANAGEMENT CORP. 02-05-2001 90141 013 ***150.00 Principal Place of Business Mailing Address 630 MORRISON ROAD, SUITE 150 630 MORRISON ROAD, SUITE 150 GAHANNA OH 43223 GAHANNA OH 43223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 31-1522092 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D Change TITLE ☐ Delete TITLE ☐ Addition BRIAN W. Slusser SLUSSER, BRIAN W 630 Morrison ROAD, Suite 150 NAME NAME 630 MORRISON ROAD, SUITE 150 STREET ADDRESS STREET ADDRESS GAHANNA OHIO 43230 CITY-ST-ZIP GAHANNA OH 43223 CITY-ST-ZIP V 3 T TITLE ☐ Delete KEVIN H. CONNOT 630 Morrison ROAD, Suite 150 NAME CONNOR, KEVIN H ESQ. NAME STREET ADDRESS 630 MORRISON ROAD, SUITE 150 STREET ADDRESS GAHANNA, OHIO CITY-ST-ZIP **GAHANNA OH 43223** CITY-ST-ZIP TITLE ☐ Delete TITLE GREGORY A. THOMOSON THOMPSON, GREGORY A NAME NAME 630 morrison ROAD, Suite 150 STREET ADDRESS 630 MORRISON ROAD, SUITE 150 STREET ADDRESS GAHANNA OHIO 43230 CITY-ST-ZIE CITY-ST-ZIP **GAHANNA OH 43223** Addition TITLE Change ☐ Delete TITLE FAN FLYNN NAME NAME 630 MORRISON ROAD, GULE 150 STREET ADDRESS STREET ADDRESS GAHANNA OHIO 43230 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. Lifurther 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 path; 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 interfer trustee empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Kevin H. Connor

129/01 614

614-751-0444

☐ Change

☐ Addition

Daytime Phone #

CR2E034 (10/00)