

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003598

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: STRATEGIC HEALTH ALLIANCE MANAGEMENT CORP.

Current Principal Place of Business:

630 MORRISON ROAD, SUITE 150
GAHANNA, OH 43223

New Principal Place of Business:

Current Mailing Address:

630 MORRISON ROAD, SUITE 150
GAHANNA, OH 43223

New Mailing Address:

FEI Number: 31-1522092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLUSSER, BRIAN W
Address: 630 MORRISON ROAD, SUITE 150
City-St-Zip: GAHANNA, OH 43223

Title: VST () Delete
Name: CONNOR, KEVIN H
Address: 630 MORRISON ROAD, SUITE 150
City-St-Zip: GAHANNA, OH 43223

Title: CD () Delete
Name: THOMPSON, GREGORY A
Address: 630 MORRISON ROAD, SUITE 150
City-St-Zip: GAHANNA, OH 43223

Title: P (X) Delete
Name: FLYNN, IAN
Address: 630 MORRISON ROAD, STE 150
City-St-Zip: GAHANNA, OH 43230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: CONNOR, KEVIN H
Address: 630 MORRISON ROAD, SUITE 150
City-St-Zip: GAHANNA, OH 43223

Title: D (X) Change () Addition
Name: THOMPSON, GREGORY A
Address: 630 MORRISON ROAD, SUITE 150
City-St-Zip: GAHANNA, OH 43223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN H. CONNOR

ST

04/11/2002

Electronic Signature of Signing Officer or Director

Date