**FILED**
**Apr 30, 2003 8:00 am**
**Secretary of State**
04-30-2003 90328 044 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003598

1. Entity Name
STRATEGIC HEALTH ALLIANCE MANAGEMENT CORP.

11030307

| Principal Place of Business | Mailing Address |
|---|---|
| 630 MORRISON ROAD, SUITE 150<br>GAHANNA, OH 43223 | 630 MORRISON ROAD, SUITE 150<br>GAHANNA, OH 43223 |

☐ CHECK HERE IF MAKING CHANGES

| 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 31-1522092 ☐ 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<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SLUSSER, BRIAN W<br>630 MORRISON ROAD, SUITE 150<br>GAHANNA, OH 43223 | ☒ Delete | PD<br>Paul C. Julian<br>One Post Street<br>San Francisco, CA 94104 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>CONNOR, KEVIN H<br>630 MORRISON ROAD, SUITE 150<br>GAHANNA, OH 43223 | ☒ Delete | VSD<br>Kristina Veaco<br>One Post Street<br>San Francisco, CA 94104 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMPSON, GREGORY A<br>630 MORRISON ROAD, SUITE 150<br>GAHANNA, OH 43223 | ☒ Delete | VPT<br>Nicholas A. Loiacono<br>One Post Street<br>San Francisco, CA 94104 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | AS<br>Glenette E. Babb<br>One Post Street<br>San Francisco, CA 94104 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | AS<br>Anne J. Shuford<br>One Post Street<br>San Francisco, CA 94104 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | AS<br>Susan Penway<br>One Post Street<br>San Francisco, CA 94104 | ☐ Change ☒ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** H. E. Babb 4/29/03 (415) 983-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #