

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000005662 (2)

1. Corporation Name

FIRST HEALTH STRATEGIES OF UTAH, INC.



Principal Place of Business

5680 NEW NORTHSIDE DRIVE
SUITE 1400
ATLANTA GA 30328
US

Mailing Address

5680 NEW NORTHSIDE DRIVE
SUITE 1400
ATLANTA GA 30328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1993

4. FEI Number

87-0439459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 2755 S. Decker Lane

Suite, Apt. #, etc.

22 Suite 8

City & State

23 Salt Lake City, Utah

Zip

24 84119

Country

25 USA

2a. Mailing Address

26 3200 Highland Avenue

Suite, Apt. #, etc.

27

City & State

28 Downers Grove, IL

Zip

29 60515

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBO	XX DELETE
NAME	JACKSON, RICHARD D	
STREET ADDRESS	20 MARJETTA STREET	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	CEOP	XX DELETE
NAME	NOFSINGER, WILLIAM T	
STREET ADDRESS	6975 UNION PARK CENTER, SUITE 600	
CITY-ST-ZIP	MIDVALE UT 84047	
TITLE	EVPT	XX DELETE
NAME	EMMONS, RAYMOND A	
STREET ADDRESS	3 CORPORATE SQUARE, SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	EVPS	XX DELETE
NAME	HUTTO, RANDOLPH L	
STREET ADDRESS	3 CORPORATE SQUARE, SUITE 200	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	V	XX DELETE
NAME	DREISBACH, GEORGE W III	
STREET ADDRESS	363 NORTH SAM HOUSTON PKWY	
CITY-ST-ZIP	HOUSTON TX 77060	
TITLE	EVPT	XX DELETE
NAME	EMMONS, RAYMOND A	
STREET ADDRESS	3 CORPORATE SQUARE, SUITE 200	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	Mary Anne Carpenter		
13 STREET ADDRESS	3200 Highland Avenue		
14 CITY-ST-ZIP	Downers Grove, IL 60515		
21 TITLE	V/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	Joseph E. Whitters		
23 STREET ADDRESS	3200 Highland Avenue		
24 CITY-ST-ZIP	Downers Grove, IL 60515		
31 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	Edward L. Wristen		
33 STREET ADDRESS	3200 Highland Avenue		
34 CITY-ST-ZIP	Downers Grove, IL 60515		
41 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42 NAME	Patrick G. Dills		
43 STREET ADDRESS	3200 Highland Avenue		
44 CITY-ST-ZIP	Downers Grove, IL 60515		
51 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
52 NAME	Susan T. Smith		
53 STREET ADDRESS	3200 Highland Avenue		
54 CITY-ST-ZIP	Downers Grove, IL 60515		
61 TITLE	Asst. S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
62 NAME	James G. Council		
63 STREET ADDRESS	4300 Cox Road		
64 CITY-ST-ZIP	Glen Allen, VA 23060		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

William T. Nofsinger 1/25/98 (12/20) 211 7515

CR2E034 (10/97)