FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # F94000006636 (4)

1. Corporation Name

AMS PROVIDER PARTNERSHIPS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 19032 GREEN BAY WI 54307	P.O. BOX 19032 GREEN BAY WI 54307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

4. FEI Number: 39-1805510 — ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, WALLACE J	1.2 NAME	
STREET ADDRESS	3100 AMS BLVD.	1.3 STREET ADDRESS	
CITY ST ZIP	GREEN BAY WI	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEYERS, RONALD A	2.2 NAME	
STREET ADDRESS	3100 AMS BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	GREEN BAY WI	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DOLATA, TIMOTHY J	3.2 NAME	
STREET ADDRESS	3100 AMS BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	GREEN BAY WI	3.4 CITY ST ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DAY, TIMOTHY L	4.2 NAME	
STREET ADDRESS	3100 AMS BLVD.	4.3 STREET ADDRESS	
CITY ST ZIP	GREEN BAY WI	4.4 CITY ST ZIP	
TITLE	ASD	5.1 TITLE	☐ Change ☐ Addition
NAME	MATHY, SANDRA L	5.2 NAME	
STREET ADDRESS	3100 AMS BLVD.	5.3 STREET ADDRESS	
CITY ST ZIP	GREEN BAY WI	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Timothy L Day — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date — (414)431-1111 Daytime Phone #

0004619 FN