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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

| Corporation | n Name | 00006636 (4 | • / | | | | | | |
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| AMS | PROVIDER PARTNERSHIPS | S, INC. | | | | ı ilib ibili bibil bəlir bəlir | I Br ail Br ih Bri | 1 8 41 1 1 11 | 16 1840 1 011 1 0 16 |
| Principal Place | a of Business | Maling Address | | | | | | | |
| P.O. BOX 19032 | | P.O. BOX 19032 | | | | | | | |
| GREEN BAY WI 54307 | | GREEN BAY WI 54307 | | | | | | | |
| | | | | | 3. Date Incorp 12/28/ | iorated or Qualified 1994 | 3a. Date o | of Last Re /01/19 | |
| S Principal Pl] | lace of Business | 2a. Mailing Address | | | 4. FEI Numbe | | | ├ | Applied For |
| Suite Apt. | # etc | Suite, Apt. #, etc. | | | 39716 | 805510 | | | Not Applicable |
| Some April | +, C.C | 27 | | | 5. Certificate | of Status Desired | | • | Additional Required |
| City & Stati | е | City & State | | | | mpaign Financing | | | O May Be |
|] Zipi | Country | 28 Zip | Coun | | | Contribution | | | d to Fees |
| | 25 | 29 | 30 | u y | Florida Stal | ation has liability for i utes Yes | * * * | under s | 199.032, |
| | 9. Name and Address of Curre | | 1301 | | | Address of New R | - | gent | |
| | | t të kir per Francis sassis sa | 1 | Name | | | | | |
| C T CORPORATION SYSTEM | | | ļ. | 32 Street | reet Address (P.O. Box Number is Not Accentable) | | | | |
| | SOUTH PINE ISLAND ROAD | | | | . 1001000 (7 . 0 . 100 . 110) | | | | |
| PLANT | ATION FL 33324 | | [1 | 33 | | | | | |
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14. I do hereby certify that the information supplied with this filling 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 by in this airmust report of curpus mental annul report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted and some officer or director of the corporation or the receiver or trusted and some officer or director of the corporation of the receiver or trusted and that my name appears in Block 12 or Brock 13 is changed, or of an attacholest with an adulty so.

5.4 CHTY - ST - ZIP

6.3 STREET ADDRESS

€ 4 CHTY - ST - ZIF

6 1 TiTLE

6.2 NAME

DELETE

SIGNATURE:

015-51-7F

STED LASIDRESS

CHY-SI-7P

THE NAM

Change

☐ Addition