SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # **F95000003743 (0)**

1. Corporation Name
CMG HEALTH, INC.

Principal Place of Business
25 CROSSROADS DR., STE 200
OWINGS MILL MD 21117

Mailing Address
25 CROSSROADS DR., STE 200
OWINGS MILL MD 21117

3. Date Incorporated or Qualified: **06/02/1995**
3a. Date of Last Report:
4. FEI Number: **52-1473182** — 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 — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: _____ (NOTE: Registered Agent Signature required when necessary) DATE:
Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	SHUSTERMAN, ALAN J	
STREET ADDRESS	25 CROSSROADS DR., STE 200	
CITY-ST-ZIP	OWINGS MILL MD 21117	
TITLE	DC	☐ DELETE
NAME	CANN, RONALD E	
STREET ADDRESS	2107 LAUREL BUSH RD., STE 201	
CITY-ST-ZIP	BEL AIR MD 21015	
TITLE	D	☐ DELETE
NAME	KAY, DOUGLAS A	
STREET ADDRESS	25 CROSSROADS DR., STE 200	
CITY-ST-ZIP	OWINGS MILL MD 21117	
TITLE	D	☐ DELETE
NAME	ACKER, WILLIAM	
STREET ADDRESS	402 OFFICE PARK DR., STE 200	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	P	XX DELETE
NAME	BOYD, HENRY A	
STREET ADDRESS	25 CROSSROADS DR., STE 200	
CITY-ST-ZIP	OWINGS MILL MD 21117	
TITLE	S	☐ DELETE
NAME	REAMER, JILL B	
STREET ADDRESS	25 CROSSROADS DR., STE 200	
CITY-ST-ZIP	OWINGS MILL MD 21117	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	100 Brookwood Place, Suite 410	
4.4 CITY-ST-ZIP	Birmingham, AL 35209	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	600001883776	
6.3 STREET ADDRESS	-07/03/96--01077--[redacted] 011	
6.4 CITY-ST-ZIP	***200.00	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jill B. Reamer, Secretary, 6-24-96 (410) 654-2608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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