

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90048 010 ***150.00

DOCUMENT # F96000004003

1. Corporation Name
PRISM HEALTH GROUP, INC.

Principal Place of Business
695 ATLANTIC AVE., 11TH FL.
BOSTON MA 02111

Mailing Address
695 ATLANTIC AVE., 11TH FL.
BOSTON MA 02111



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

04-3165074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

-\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 One Ravinia Drive
27 Suite, Apt. #, etc.
27 Suite 1500

23 City & State

28 City & State
Atlanta, GA

24 Zip

Country

29 Zip

30346

Country

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME STRATTON, JR. M ARTHUR
STREET ADDRESS 1881 WORCESTER RD
CITY-ST-ZIP FRAMINGHAM MA 01701

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Thomas P. Dixon
1.3 STREET ADDRESS 695 Atlantic Avenue
1.4 CITY-ST-ZIP Boston, MA 02111

TITLE TD ☒ DELETE
NAME HANSEN, DAVID N.
STREET ADDRESS 1881 WORCESTER RD
CITY-ST-ZIP FRAMINGHAM MA 01701

2.1 TITLE VT ☐ Change ☒ Addition
2.2 NAME Boyd P. Gentry
2.3 STREET ADDRESS One Ravinia Drive
2.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE S ☒ DELETE
NAME GILLIGAN, ALISON K.
STREET ADDRESS 125 EUGENE O'NEILL DR
CITY-ST-ZIP NEW LONDON CT 06320

3.1 TITLE VS ☐ Change ☒ Addition
3.2 NAME Stefano M. Miele
3.3 STREET ADDRESS One Ravinia Drive
3.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Susan Thomas Whittle
4.3 STREET ADDRESS One Ravinia Drive
4.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME George D. Morgan
5.3 STREET ADDRESS One Ravinia Drive
5.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

678-443-7000
Daytime Phone #

CR2E034 (11/98)