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 # **F96000006503 (4)**

1. Corporation Name
FIRST HEALTH STRATEGIES (TPA), INC.

Principal Place of Business	Mailing Address
5660 NEW NORTH SIDE DRIVE SUITE 1400 ATLANTA GA 30328	5660 NEW NORTH SIDE DRIVE SUITE 1400 ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1996

2. Principal Place of Business
21: 2755 South 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

4. FEI Number: 87-0459486 ☐ Applied For ☐ Not Applicable

6. 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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	REED, ANDY		1.2 NAME	Mary Anne Carpenter	
STREET ADDRESS	312 PLUM STREET, SUITE 1120		1.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP	CINCINNATI OH 45202		1.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	VP	☒ DELETE	2.1 TITLE	V/T/D	☐ Change ☒ Addition
NAME	ANTINORI, BARBARA L		2.2 NAME	Joseph E. Whitters	
STREET ADDRESS	4405 COX ROAD, SUITE 110		2.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP	RICHMOND VA 23060		2.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	SVP	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	DAVIS, BOB		3.2 NAME	Edward L. Wristen	
STREET ADDRESS	6975 UNION PARK CENTER, SUITE 600		3.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP	MIDVALE UT 84047		3.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	AT	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	ROTHMAN, BERNARD		4.2 NAME	Susan T. Smith	
STREET ADDRESS	11718 NICHOLAS STREET, M-11		4.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP	OMAHA NE 68154		4.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	VPAS	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	MONTREUIL, CHARLES		5.2 NAME	Patrick G. Dills	
STREET ADDRESS	435 FORD ROAD, SUITE 500		5.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN 55426		5.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	VP	☒ DELETE	6.1 TITLE	Asst. T	☐ Change ☒ Addition
NAME	NADEAUD, CHRIS		6.2 NAME	Jerry Seiler	
STREET ADDRESS	205 NEWBURY STREET, NEWBURY BUILDING		6.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP	FRAMINGHAM MA 01701		6.4 CITY-ST-ZIP	Downers Grove, IL 60515	

CR2E034 (10/97)

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, added or deleted.

SIGNATURE: Mary Anne Carpenter