2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2002
Secretary of State

DOCUMENT# F97000004493

Entity Name: GROUP PRACTICE SERVICES CORPORATION

Current Principal Place of Business:

277 GREAT VALLEY PARKWAY
MALVERN, PA 19355

New Principal Place of Business:

Current Mailing Address:

277 GREAT VALLEY PARKWAY
MALVERN, PA 19355

New Mailing Address:

FEI Number: 62-1555868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: GOSDEN, CRAIG L
Address: 800 CONNECTICUT AVE.
City-St-Zip: NORWALK, CT 06854

Title: D ( ) Delete
Name: ROBINSON, LINDA G
Address: 550 PARK AVE., PAT. 17W
City-St-Zip: NEW YORK, NY 10019

Title: DCEO ( ) Delete
Name: DEVANTIER, KEITH
Address: 1064 SQUIRE CHENEY DR.
City-St-Zip: WEST CHESTER, PA 19382

Title: VSD ( ) Delete
Name: BREWER, JOHN
Address: 4 NEVIUS DR.
City-St-Zip: FLEMINGTON, NJ 08822

Title: TCFO ( ) Delete
Name: KEENAN, WILLIAM R
Address: 807 HALVORSEN DRIVE
City-St-Zip: WEST CHESTER, PA 19382

Title: D ( ) Delete
Name: NEUSCHELER, JOAN P
Address: 25 RIDGE BROOK DR.
City-St-Zip: STAMFORD, CT 06903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. KEENAN TCFO 01/07/2002

Electronic Signature of Signing Officer or Director — Date