

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005889 (7)

1. Corporation Name

PAIDOS HEALTH MANAGEMENT SERVICES, INC.

Principal Place of Business

102 WILMOT RD., STE. 300
DEERFIELD IL 60015

Mailing Address

102 WILMOT RD., STE. 300
DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

36-4066653

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COLLIER, DUKE
STREET ADDRESS 555 13TH ST.M, STE. 8 WEST 100
CITY-ST-ZIP WASHINGTON DC 20004

TITLE ☐ DELETE

NAME ERICKSON, THOMAS W
STREET ADDRESS 5950 BERKSHIRE LANE, STE. 1100
CITY-ST-ZIP DALLAS TX 75225

TITLE ☐ DELETE

NAME GOLDSMITH, DAVID L
STREET ADDRESS 555 CALIFORNIA ST., STE. 2600
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE ☐ DELETE

NAME HILL, GENE III
STREET ADDRESS ONE EMBARCADERO CENTER, STE. 3820
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE ☐ DELETE

NAME EMONT, GEORGE
STREET ADDRESS 500 W. MAIN ST.
CITY-ST-ZIP LOUISVILLE KY 40201

TITLE ☐ DELETE

NAME WHITTAKER, FORREST R
STREET ADDRESS 102 WILMOT RD., STE. 300
CITY-ST-ZIP DEERFIELD IL 60015

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

SIGNATURE REQUIRED

11/30/98

847-267-0706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

PAID OS

November 30, 1998

Florida Department of State
Division of Corporations
Annual Report Filings
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report submitted on August 23, 1998 not received

To whom it may concern:

Please be advised we submitted our annual report for the State of Florida on 8/23/98. Upon receiving notification that it was delinquent I contacted the division office at 850-488-9000. I explained that I had submitted the report and was concerned to receive the notice of delinquency. The phone attendant explained that there was several weeks of backlog and I should call back at a later date. Upon calling in this morning, I was informed by Shawn that the corporation had been revoked due to non-filing. I explained my situation, which he seemed to verify from notes in the system. Shawn informed me that I could make a copy of the original filing, with an original signature and send it with a new check for filing. He suggested a letter of explanation would be helpful. Please accept this letter, annual report and check as a replacement of the missing filing. If there is any problem or question contact me directly at 800-396-0706 x232. Thank you for your understanding and assistance.

Sincerely,



Tracy Bousky
Vice-President / Controller