2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90174 039 ***150.00

DOCUMENT # F97000005889

1. Entity Name

PAIDOS HEALTH MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
106 WILMOT RD SUITE 100 DEERFIELD IL 60015	106 WILMOT RD SUITE 100 DEERFIELD IL 60015-5112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4066653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEENEY, EILEEN ONE CHASE MANHATTAN PLAZA 34TH FLR NEW YORK NY 10005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, THOMAS W 5950 BERKSHIRE LANE, STE. 1100 DALLAS TX 75225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOLDSMITH, DAVID L 555 CALIFORNIA ST., STE. 2600 SAN FRANCISCO CA 94104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, GENE III ONE EMBARCADERO CENTER, STE. 3820 SAN FRANCISCO CA 94111	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROZZI, MARSHALL 180 E. PEARSON CHICAGO, IL 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMONT, GEORGE 500 W. MAIN ST. LOUISVILLE KY 40201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITTAKER, FORREST R 102 WILMOT RD., STE. 300 DEERFIELD IL 60015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITTAKER, FORREST 106 WILMOT ROAD SUITE 100 DEERFIELD, IL 60015	☒ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kam Shah 3/30/00 8472670706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attach.
C0056362
#F97000005889

PAIDOS HEALTH MANAGEMENT SERVICES, INC.
BOARD OF DIRECTORS

36-4066653

Member/Office Address

D
Bernard F. McDonagh, Ph.D.
Validus Partners L.L.C.
9900 Bren Road East
Minnetonka, MN 55343

D
Allen Tepper
PMR
501 Washington
5th Floor
San Diego, CA 92103

V
Kam Shah
106 Wilmot Road #100
Deerfield, IL 60015