

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90310 023 \*\*\*150.00

**DOCUMENT # F 98000003009**

1. Entity Name

VECTOR HEALTHSYSTEMS, INC.

Principal Place of Business

Mailing Address

405 Promenade St.  
Providence, RI 02908

405 promenade St.  
Providence, RI 02908

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

05-0398659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T. Corporation System  
1200 South Pine Island Road  
bvPlantation FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D Michael Horsley  
STREET ADDRESS 500 NE Blvd.  
CITY-ST-ZIP Montgomery, AL 36121 ☐ Delete

TITLE  
NAME D Romolo Marsella, Jr.  
STREET ADDRESS One Citizens Plaza, Ste 810  
CITY-ST-ZIP Providence, RI 02903 ☐ Delete

TITLE  
NAME DS John J. Hynes  
STREET ADDRESS 45 Willard Ave.  
CITY-ST-ZIP Providence, RI 02905 ☐ Delete

TITLE  
NAME DCEO Gerald G. McClure  
C 405 Promenade Str  
STREET ADDRESS Providence, RI 02908 ☐ Delete

TITLE  
NAME DVC Charles R. Reppucci  
STREET ADDRESS 1500 Fleet Center  
CITY-ST-ZIP Providence, RI 02903 ☐ Delete

TITLE  
NAME BPAS Stephen J. Saucier  
STREET ADDRESS 405 Promenade St.  
CITY-ST-ZIP Providence, RI 02908 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 449.07(3)(9), Florida Statutes, and 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 687, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)