

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003009**

1. Entity Name

VECTOR HEALTHSYSTEMS, INC.**FILED****Mar 20, 2001 8:00 am**
Secretary of State

03-20-2001 90001 030 ***150.00

Principal Place of Business

**405 PROMENADE ST.
PROVIDENCE RI 02908**

Mailing Address

**405 PROMENADE ST.
PROVIDENCE RI 02908****817971**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0398659**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **HORSLEY, MICHAEL**
STREET ADDRESS **500 NE BLVD.**
CITY-ST-ZIP **MONTGOMERY AL 36121**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARSELLA, ROMOLO JR.**
STREET ADDRESS **ONE CITIZENS PLAZA, STE. 810**
CITY-ST-ZIP **PROVIDENCE RI 02903**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **HYNES, JOHN J**
STREET ADDRESS **45 WILLARD AVE.**
CITY-ST-ZIP **PROVIDENCE RI 02905**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DCEO** ☐ Delete
NAME **MCCLURE, GERALD G**
STREET ADDRESS **405 PROMENADE ST.**
CITY-ST-ZIP **PROVIDENCE RI 02908**TITLE **Chairman** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DC** ☐ Delete
NAME **REPPUCCI, CHARLES R**
STREET ADDRESS **1500 FLEET CENTER**
CITY-ST-ZIP **PROVIDENCE RI 02903**TITLE **DVC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DPAS** ☐ Delete
NAME **SAUCIER, STEPHEN J**
STREET ADDRESS **405 PROMENADE ST.**
CITY-ST-ZIP **PROVIDENCE RI 02908**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2001

Date

Daytime Phone #

CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003009

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C T CORPORATION SYSTEM
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FL

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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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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NAME D
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MONTGOMERY AL 36121

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

TITLE ☐ Delete
NAME D
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CITY-ST-ZIP ONE CITIZENS PLAZA, STE. 810
PROVIDENCE RI 02903

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS HYNES, JOHN J
CITY-ST-ZIP 45 WILLARD AVE.
PROVIDENCE RI 02905

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

TITLE ☐ Delete
NAME DCEO
STREET ADDRESS MCCLURE, GERALD G
CITY-ST-ZIP 405 PROMENADE ST.
PROVIDENCE RI 02908

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

TITLE ☐ Delete
NAME DC
STREET ADDRESS REPPUCCI, CHARLES R
CITY-ST-ZIP 1500 FLEET CENTER
PROVIDENCE RI 02903

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

TITLE ☐ Delete
NAME DPAS
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CITY-ST-ZIP 405 PROMENADE ST.
PROVIDENCE RI 02908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2001

DATE

Stamp #
817971

Attachment

DO NOT WRITE IN THIS SPACE

CR2FM34 (10/00)

Document # F98000003009
Stamp # 817971

1500 FLEET CENTER
PROVIDENCE, RHODE ISLAND 02903-2393
401 274-2000
FAX: 401 277-9600

HINCKLEY, ALLEN & SNYDER LLP

Attorneys at Law

March 14, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Vector Healthsystems, Inc.

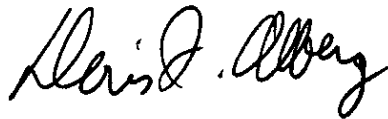
Dear Sir or Madam:

Enclosed for filing please find the Uniform Business Report for 2001 for the above referenced corporation, together with a check for \$150.00 representing the filing fee.

Please file this report and return a stamped copy of the report to me as acknowledgment of the filing in the stamped, self-addressed envelope that has been provided for your convenience.

Please contact the undersigned at 401-274-2000 if you have any questions regarding the enclosed.

Very truly yours,



Doris J. Alberg
Paralegal

DJA:cjl
Enclosures

cc: Sandra Matrone Mack, Esq

Doris Alberg



Doc # F98 00063009
Stamp # 817971

|||||
Hinckley, Allen & Snyder LLP
1500 Fleet Center
Providence, RI 02903-2319