

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

05/25/02 AT

**DOCUMENT # F98000003009**

1. Entity Name

**VECTOR HEALTHSYSTEMS, INC.**

03-29-2002 90370 001 \*\*\*150.00

03-29-2002 90370 002 \*\*\*\*\*8.75

Principal Place of Business

**405 PROMENADE ST.  
 PROVIDENCE RI 02908**

Mailing Address

**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

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, 2002 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<sup>r</sup>  
 HORSLEY, MICHAEL  
 500 NE BLVD.  
 MONTGOMERY AL 36121** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MARSELLA, ROMOLO JR.  
 ONE CITIZENS PLAZA, STE. 810  
 PROVIDENCE RI 02903** ☐ Delete

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

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

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPAS  
 SAUCIER, STEPHEN J  
 405 PROMENADE ST.  
 PROVIDENCE RI 02908** ☐ Delete

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 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:**

**Stephen J. Saucier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(401) 453-8335

CR2E034 (9/01)