

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003009

FILED
Jan 03, 2005
Secretary of State

Entity Name: VECTOR HEALTHSYSTEMS, INC.

Current Principal Place of Business:

10 CHARLES STREET
PROVIDENCE, RI 02904

New Principal Place of Business:

Current Mailing Address:

PO BOX 9427
PROVIDENCE, RI 02940

New Mailing Address:

FEI Number: 05-0398659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HORSLEY, MICHAEL
Address: 500 NE BLVD.
City-St-Zip: MONTGOMERY, AL 36117

Title: D () Delete
Name: MARSELLA, ROMOLO JR.
Address: ONE CITIZENS PLAZA, STE. 810
City-St-Zip: PROVIDENCE, RI 02903

Title: DS () Delete
Name: HYNES, JOHN J
Address: 45 WILLARD AVE.
City-St-Zip: PROVIDENCE, RI 02905

Title: DC () Delete
Name: MCCLURE, GERALD G
Address: 10 CHARLES STREET
City-St-Zip: PROVIDENCE, RI 02904

Title: DVC () Delete
Name: REPUCCI, CHARLES R
Address: 1500 FLEET CENTER
City-St-Zip: PROVIDENCE, RI 02903

Title: DPAS () Delete
Name: SAUCIER, STEPHEN J
Address: 10 CHARLES STREET
City-St-Zip: PROVIDENCE, RI 02904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J SAUCIER

DPAS

01/03/2005

Electronic Signature of Signing Officer or Director

Date