## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F99000002362 Feb 19, 2000 8:00 am 1. Entity Name PROVANTAGE HEALTH SERVICES, INC. **Secretary of State** 02-19-2000 90007 017 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 846 P.O. BOX 846 BROOKFIELD WI 53008-0846 BROOKFIELD WI 53008-0846 2. Principal Place of Business 3. Mailing Address V19 W24130 Riverwood Dr. .O. Pox\_1662 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-1508848 Not Applicable Waukesha, WI Waukesha, WI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 53188 53188-1662 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent N/A C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. .N/A Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPCE C . . Change ☐ Addition ☐ Delete TITLE TITLE KRAMER, DALE P NAME NAME Kramer, Dale P 13555 BISHOPS COURT, SUITE 201 STREET ADDRESS STREET ADDRESS N19 W24130 Riverwood Dr. CITY-ST-ZIP **BROOKFIELD WI 53005** CITY-ST-7IP Waukesha, WI 53188 **EVPC** ☐ Addition Change Delete TITLE D/P/CEO TITLE JONES, JEFFREY A NAME Jones, Jeffrey A 13555 BISHOPS COURT, SUITE 201 STREET ADDRESS STREET ADDRESS N19 W24130 Riverwood Dr. CITY-ST-ZIP **BROOKFIELD WI 53005** CITY-ST-719 Waukesha, WI\_53188 ★ Change ☐ Delete TITLE ☐ Addition TITLE BARLOW, GEORGE M NAME NAME N19 W24130 Riverwood Dr. 13555 BISHOPS COURT, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKFIELD WI 53005** CITY-ST-ZIP Waukesha, WI 53188 VPC SVP/CFO ☐ Change X Addition TITLE Delete TITLE BESTE, PETER Abramowski, Robert J. NAME NAME 13555 BISHOPS COURT, SUITE 201 STREET ADDRESS N19 W24130 Riverwood Dr. STREET ADDRESS CITY-ST-ZIP **BROOKFIELD WI 53005** CITY-ST-ZIP Waukesha, WI 53188 TITLE VP/S Change Addition TITLE Delete CAMPBELL, ALAN NAME NAME Nussle, Patricia A. 13555 BISHOPS COURT, SUITE 201 STREET ADDRESS STREET ADDRESS N19 W24130 Riverwood Dr. **BROOKFIELD WI 53005** CITY-ST-ZIP CITY-ST-7IP Waukesha, WT 53188 SVP **X** Change ☐ Addition TITLE ☐ Delete TITLE COFFINI, JOSEPH A NAME NAME 13555 BISHOPS COURT SUITE 201 STREET ADDRESS M19 W24130 Riverwood Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKFIELD WI 53008** Waukesha, WI 53188 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:**