

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002362

FILED
Aug 27, 2004
Secretary of State

Entity Name: PROVANTAGE HEALTH SERVICES, INC.

Current Principal Place of Business:

100 PARSONS POND DR
FRANKLIN LAKES, NJ 07417 US

New Principal Place of Business:

Current Mailing Address:

100 PARSONS POND DR
FRANKLIN LAKES, NJ 07417 US

New Mailing Address:

FEI Number: 54-1508848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DORSA, CAROLINE
Address: ONE MERCK DRIVE
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: AS () Delete
Name: BOLWAGE, DEBRA
Address: ONE MERCK DRIVE
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: VP (X) Delete
Name: MCGOVERN, ROBERT
Address: 100 PARSONS POND DR
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: P (X) Delete
Name: JONES, ROGER
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: SVP () Delete
Name: KARLIN, DAVID
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: SVP () Delete
Name: WALDEN, DANIEL
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BIRCH, BRYAN D
Address: ONE PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: D (X) Change () Addition
Name: MACHLOWITZ, DAVID S
Address: ONE PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

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
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: DAVID S. MACHLOWITZ

D

08/27/2004

Electronic Signature of Signing Officer or Director

Date