

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005865

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: FIRSTSOURCE HEALTHCARE ADVANTAGE, INC.

## Current Principal Place of Business:

8755 W.HIGGINS RD.  
800  
CHICAGO, IL 60031

## New Principal Place of Business:

## Current Mailing Address:

8755 W.HIGGINS ROAD  
800  
CHICAGO, IL 60631

## New Mailing Address:

FEI Number: 36-4325052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: CEO ( ) Delete  
Name: SHEA, MICHAEL  
Address: 1661 LYNDON FARM CT  
City-St-Zip: LOUISVILLE, KY 40223

Title: CFO ( ) Delete  
Name: STELLATO, FRANK  
Address: 1661 LYNDON FARM COURT  
City-St-Zip: LOUISVILLE, KY 40223

Title: D (X) Delete  
Name: CUTRONE, JOHN  
Address: 177 BREAD STREET 10TH FLOOR  
City-St-Zip: HARTFORD, CT

Title: D ( ) Delete  
Name: MITRA, ARJUN  
Address: 177 BREAD STREET 10TH FLOOR  
City-St-Zip: HARTFORD, CT

## 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: D (X) Change ( ) Addition  
Name: MITRA, ARJUN  
Address: 205 BRYANT WOODS SOUTH  
City-St-Zip: AMHERST, NY 14228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK STELLATO

CFO

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date