

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90036 008 \*\*\*150.00

**DOCUMENT # P06453**

1. Entity Name  
**PCS HEALTH SYSTEMS, INC.**  
 DBA AdvancePCS

|   |   |
|---|---|
| Principal Place of Business<br><b>9501 E SHEA BLVD<br/>         SCOTTSDALE AZ 85260<br/>         US</b> | Mailing Address<br><b>9501 E SHEA BLVD<br/>         SCOTTSDALE AZ 85260<br/>         US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>86-0217882</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|---------------------------------|--|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|---|



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 RD.  
 PLANTATION FL 33324**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
|--|--|--|---|
| T<br>NAME: GARRITY, THOMAS J.<br>STREET ADDRESS: 9501 E SHEA BLVD<br>CITY-ST-ZIP: SCOTTSDALE AZ    | <input checked="" type="checkbox"/> Delete | PD<br>NAME: David A. George<br>STREET ADDRESS: 9501 E. Shea Blvd.<br>CITY-ST-ZIP: Scottsdale, AZ 85260             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| PD<br>NAME: MILLON, JEAN-PIERRE<br>STREET ADDRESS: 9501 E SHEA BLVD<br>CITY-ST-ZIP: SCOTTSDALE AZ  | <input checked="" type="checkbox"/> Delete | TV<br>NAME: T. Danny Phillips<br>STREET ADDRESS: 5215 N. O'Conner Blvd. #1600<br>CITY-ST-ZIP: Scottsdale, AZ 85260 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D<br>NAME: GERSON, ELLIOT<br>STREET ADDRESS: 30 HUNTER LANE<br>CITY-ST-ZIP: CAMP HILL PA 17011     | <input checked="" type="checkbox"/> Delete | S<br>NAME: Susan de Mars<br>STREET ADDRESS: 9501 E. Shea Blvd.<br>CITY-ST-ZIP: Scottsdale, AZ 85260                | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S<br>NAME: JOHNSON, JAY<br>STREET ADDRESS: 9501 EAST SHEA BLVD<br>CITY-ST-ZIP: SCOTTSDALE AZ 85260 | <input checked="" type="checkbox"/> Delete | D<br>NAME: David D. Halbert<br>STREET ADDRESS: 5215 N. O'Conner Blvd. #1600<br>CITY-ST-ZIP: Irving, TX 75039-3742  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
|  | <input type="checkbox"/> Delete            | Asst. S<br>NAME: Laurel Wala<br>STREET ADDRESS: 9501 E. Shea Blvd.<br>CITY-ST-ZIP: Scottsdale, AZ 85260            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
|  | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Laurel Wala **Laurel Wala** 4/15/01 **4/15/01** (480) 614-7274 **(480) 614-7274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)