

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13580

1. Entity Name
VANTAGE HEALTH SYSTEMS, INC.

FILED
00 NOV -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3839 FOREST HILL-IRENE RD.
MEMPHIS TN 38125
US

Mailing Address
3839 FOREST HILL-IRENE RD.
MEMPHIS TN 38125
US



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-2086318

Applied For:
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *John J. Linnihan*, John J. Linnihan, Asst. V.P.

10/23/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ULLERY, JUDY Delete
STREET ADDRESS 3839 FOREST HILL-IRENE RD.
CITY-ST-ZIP MEMPHIS TN 38125

TITLE George Holzhauser, Pres Change Addition
NAME
STREET ADDRESS 3839 Forest Hill Irene Rd.
CITY-ST-ZIP Memphis, TN 38125

TITLE SD
NAME SUZANNE BAKER Delete
STREET ADDRESS 3839 FOREST HILL-IRENE RD.
CITY-ST-ZIP MEMPHIS TN 38125

TITLE 900003473469--0
NAME -11/21/00--01110--016
STREET ADDRESS *****750.00 *****750.00
CITY-ST-ZIP

TITLE VPD
NAME JOHN REED Delete
STREET ADDRESS 3839 FOREST HILL-IRENE RD.
CITY-ST-ZIP MEMPHIS TN 38125

TITLE Tom Davis, VP D Change Addition
NAME
STREET ADDRESS 3839 Forest Hill Irene Rd.
CITY-ST-ZIP Memphis, TN 38125

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP KE

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: *John J. Linnihan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00 (901) 624-1600
Date Daytime Phone #

CR2E034 (5/00)