PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90076 039 ***150.00

DOCUMENT # P15977

AIG HEALTHCARE MANAGEMENT SERVICES, INC.

Principal Blac	o of Rusings	Mailing Address							
· ·									
W INTERPACE ARSIPPANY N		70 PINE STREET ATTN E M TUCK							
		NEW YORK NY 10270			-	DO NOT WRITE IN THIS SPACE			
		US					3. Date incorporated or Qualifed		ł
1 no 17 18	lana d'Ourin an	20 Mailing Address					09/15/1987 4. FEI Number		Applied For
4. Principal P . I	rincipal Place of Business 2a. Mailing Address					-		 	Not Applicable
Suite, Apt.	# etc	Suite. Apt. #. etc.	Suite, Apt, #, etc.				13 - 3368031		Additional
i	<i>7</i> , 010.	<u></u> ⊢	27				5. Certificate of Status Desired	• -	Required
City & Stat	City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be
1		28				Trust Fund Contribution	•	d to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year	Intangible		
.1	25	29	30				Personal Property Tax.	☐ Yes	□No_
	9. Name and Address of Currer	t Registered Agent					Name and Address of New Register	ed Agent	
DOC	NITICE LIALL CORROBATION CV	TEM INC		81	Name				
	NTICE-HALL CORPORATION SYS	STEM, INC.	82 Street A			Address	(P.O. Box Number is Not Acceptable)		
	HAYS ST. E 105								
	AHASSEE FL 32301			83					
IALL	PHINOSEL I E SESSI			84	City			85 Zip	Code
		D 1007 4500 51-14- 51-4-4	. 44					of changing if	te registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	ithorized	l by 1	the corpo	oration's	tion submits this statement for the purpose board of directors. I hereby accept the ap	pointment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statı	ıtes.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if anglicable (NOTE:	Registered	Agent	t signature II	required wt	en reinstating) DATE		————
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
int (PD	☐ DELETE 1.1 T			,1 TITLE			Change	e ☐ Addition
_	GALIOTO, A	LIOTO, A		1.2 NAME				,	
IPPE I ADDRESS	70 PINE ST		1.3 ST	REET	ADDRESS				
EEE ST ZIP	NY NY 10270	/ NY 10270		1,4 CFTY+ST+ZIP					
IIILE	C	Ø DELETE 2:						☐ Change	e
-	BIEL, ALEXANDER		2,2 NA	ME	ļ	ļ			ļ
ADIONESS	400 INTERPACE PARKWAY		2,3 ST	REET	ADDRESS				
ET ZIP	PARSIPPANY NJ		2. 4 C		T-ZIP	<u> </u>			- Addition
IIILE	S	☐ DELETE	3,1 TT					Change	e
-	TUCK, ELIZABETH M.		3,2 NA		ļ				Ī
I AĞIĞA ĞĞ	70 PINE STREET				ADDRESS				
ST-ZIP	NEW YORK NY 10270	Nociere	3,4. CI		T-ZIP			Change	e 🗖 Addition
THE	T	DELETE	4.1 TT			200	Fate, Carol A.		, 12(1/00/110/11
	DOOLEY, WILLIAM N.		4, 2 NAMI		4000000	1712	Pune Street		
	O PINE STREET		4.3 51	4.4 CITY-ST-ZIP		10	PINC STREET 10270		
ST-ZIP	NEW YORK NY 10270	DELETE	5.1 TIT		-ZIP	NUL	DIVIN, NI IVAIU	Change	e
	D Greenberg, M.R.	_	5.2 NA		ĺ				
: =:===	70 PINE STREET				ADDRESS				
ST-ZIP	NEW YORK NY 10270		5.4 CI						
31*4IF	CD CD	☐ DELETE	6.1 TI					Change	e 🔲 Addition
	SANDLER, ROBERT M.		6.2 NA	ME)
	70 PINE STREET		6.3 ST	REET	ADDRESS	:			

NEW YORK NY 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ST-ZIP

