

2001 UNIFORM BUSINESS REPORT (UBR)

8192

0694037

DOCUMENT # P15977

1. Entity Name

AIG HEALTHCARE MANAGEMENT SERVICES, INC.

FILED

01 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

400 INTERPACE PKWY BLDG A
PARSIPPANY NJ 07054

Mailing Address

70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 13-3368031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALIOTO, A	
STREET ADDRESS	70 PINE ST	
CITY-ST-ZIP	NY NY 10270	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH M.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCFATE, CAROL A	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, M.R.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SANDLER, ROBERT M.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	AUSTIN, TERRI	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CR2E034 (10/00)

18292



ACCOUNT NO. : 072100000032
REFERENCE : 134356 4320171
AUTHORIZATION : *Patricia Pizot*
COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2001
ORDER TIME : 10:29 AM
ORDER NO. : 134356-040
CUSTOMER NO: 4320171
CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY - 1 PM 12:16
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: AIG HEALTHCARE MANAGEMENT
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____