

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15977

1. Entity Name

AIG HEALTHCARE MANAGEMENT SERVICES, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GALIOTO, A  
STREET ADDRESS 70 PINE ST  
CITY-ST-ZIP NY NY 10270 ☐ Delete

TITLE CEO/D  
NAME Galioto, Anthony J.  
STREET ADDRESS 70 Pine Street  
CITY-ST-ZIP New York, NY 10270 ☒ Change ☐ Addition

TITLE S  
NAME TUCK, ELIZABETH M.  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY 10270 ☐ Delete

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

TITLE T  
NAME MCFATE, CAROL A  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300005418893-0 ☐ Change ☐ Addition

TITLE D  
NAME GREENBERG, M.R.  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY 10270 ☒ Delete

TITLE PD  
NAME Iler, Steven  
STREET ADDRESS 70 Pine Street  
CITY-ST-ZIP New York, NY 10270 ☐ Change ☒ Addition

TITLE CD  
NAME SANDLER, ROBERT M.  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE V  
NAME AUSTIN, TERRI  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REMOVED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAY -1 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0618544 AT

CR2E034 (9/01)

2822



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Fyfe*

ORDER DATE : April 30, 2002

ORDER TIME : 11:34 AM

ORDER NO. : 556901-055

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
30th Floor  
New York, NY 10270

RECEIVED  
02 MAY - 1 PM 3 09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_