DOCUMENT # P15977 1. Entity Name AIG HEALTHCARE MANAGEMENT SERVICES, INC. Principal Place of Business Maling Address AO INTERPACE PRWY BLDG A PARSIPPANY NJ 07054 ATTN E W TUCK NEW YORK NY 10270 US 2. Principal Place of Business Suite, Apt. #. etc. City & State A. FEI Nurroer 13-3368031 Applied For New Applied For Personal Place of Status Desired For Required For Required For Required For Required Full Corporation SySTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) Title Hoove named entity submits this statement for the purpose of changing its registered adjent, or both, in the State of Floride. SIGNATURE 9. This corporation is eligible to satisfy its Intangular Affect Ray 1, 2002 Fee will be \$550.00 After May	200	2 UNIFORM BUS	NESS REPO	RT (UB	R)	•		100	
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TALLAHASSEE FI. 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, 1969 of correct name of registered agent ag	1201 HAYS ST.				Street Address (P.O. Box Number is Not Acceptable)				
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 9. This corporation is eligible to saidly its Inlang ble Tax fling recultiement and elects to do so. Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 May Be Addition Now Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 May Be Addition Now Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 May Be Addition Now Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 May Be Addition Now Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 May Be Addition Now Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 May Be Addition Now Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 After May 1, 2									
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AUSTIN, TERRI STREET ADDRESS CITY- ST-ZIP NEW YORK NY 10270 13. 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 complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and that my signature shall have the complete of the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the first supplemental report is true and accurate and the fir	NAME STREET ADDRESS	SANDLER, ROBERT M. 70 PINE STREET NEW YORK NY	☐ Delete	NAME STREET ADDRESS		•	☐ Change	☐ Addition	
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changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: LIGHT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description of Phone #									

Daytime Phone #



ACCOUNT NO. :

072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

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

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:

- Patricia Posit