

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0660663 AB

DOCUMENT # P15977



1. Entity Name  
AIG HEALTHCARE MANAGEMENT SERVICES, INC.

FILED

03 APR 29 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

☒ CHECK HERE IF MAKING CHANGES

03

4. FEI Number 13-3368031

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
GALIOTO, ANTHONY J  
70 PINE ST  
NEW YORK NY 10270 ☐ Delete

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Bensinger, Steven J.  
70 Pine Street  
New York, NY 10270 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ILER, STEVEN  
70 PINE STREET  
NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400017349594

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (212)770-7000

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 073352 4320171

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003

ORDER TIME : 11:20 AM

ORDER NO. : 073352-045

CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

RECEIVED  
03 APR 29 PM 4:38  
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: Sara Lea-EXT#1114

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