

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90678 025 \*\*\*550.00

0572185 AT

**DOCUMENT # P38176**

1. Entity Name

**PRIVATE HEALTHCARE SYSTEMS, INC.**

Principal Place of Business

**1100 WINTER STREET  
 WALTHAM MA 02451  
 US**

Mailing Address

**1100 WINTER STREET  
 WALTHAM MA 02451  
 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

**04-3138814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>PCEO</b>			<input type="checkbox"/>
	<b>DRISCOLL, JOSEPH R</b>			
	<b>1100 WINTER STREET</b>			
	<b>WALTHAM MA 02451</b>			
	<b>TCFO</b>			<input type="checkbox"/>
	<b>DAILEY, BARBARA</b>			
	<b>1100 WINTER ST</b>			
	<b>WALTHAM MA</b>			
	<b>VPS</b>			<input type="checkbox"/>
	<b>DUNN, JASON M.</b>			
	<b>1100 WINTER STREET</b>			
	<b>WALTHAM MA</b>			
	<b>AS</b>			<input type="checkbox"/>
	<b>CHRIST, LEEANN</b>			
	<b>1100 WINTER STREET</b>			
	<b>WALTHAM MA</b>			
	<b>D</b>			<input type="checkbox"/>
	<b>HERMAN, SANFORD</b>			
	<b>7 HANOVER SQUARE</b>			
	<b>NEW YORK NY 10004</b>			
	<b>D</b>			<input type="checkbox"/>
	<b>BURKE, JAMES</b>			
	<b>17360 BROOKHURST ST</b>			
	<b>FOUNTAIN VALLEY CA 92708</b>			

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>P/D</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Joseph R. Driscoll</b>				
	<b>1100 Winter Street</b>				
	<b>Waltham, MA 02451</b>				
<b>D</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Donald G. Hamm, Jr.</b>				
	<b>501 West Michigan</b>				
	<b>Milwaukee, WI 53261-3050</b>				
<b>D</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Jerry Hitpas</b>				
	<b>400 Field Drive</b>				
	<b>Lake Forest, IL 60045</b>				
<b>AT</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Kevin O'Reilly</b>				
	<b>1100 Winter Street</b>				
	<b>Waltham, MA 02451</b>				
<b>VP</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Spencer Falcon</b>				
	<b>1100 Winter Street</b>				
	<b>Waltham, MA 02451</b>				
<b>D</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>James Burke</b>				
	<b>1701 Beach Blvd., Suite 1000</b>				
	<b>Huntington Beach, CA 92647</b>				

CR2E034 (9/01)

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**

**5/2/02 (781) 895-7500**  
 Date Daytime Phone #

Attachment # <sup>Doc #</sup> P 38176

436588

**2002 Uniform Business Report  
Section 11  
Additional Officers**

**Private Healthcare Systems, Inc.  
FID #04-3138814**

**CMO**

James C. Herrington  
1100 Winter Street  
Waltham, MA 02451

**CIO**

Armand O. Morin  
1100 Winter Street  
Waltham, MA 02451

**CHR**

Elizabeth Scanzani  
1100 Winter Street  
Waltham, MA 02451

**VP**

Harvey Fontaine  
1100 Winter Street  
Waltham, MA 02451

**VP**

George R. Moran  
1100 Winter Street  
Waltham, MA 02451