

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90160 044 \*\*\*150.00

DOCUMENT # **P96000002804**

1. Entity Name

**PROWET HEALTH SYSTEMS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3712 DOLLER DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**2500 ACTON RD.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BIRMINGHAM, AL**

Zip

**35223**

Country

**US**

City & State

**BIRMINGHAM, AL**

Zip

**35243-4226**

Country

**US**

4. FEI Number

**59-3382092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**TRACY BRADY**

Street Address (P.O. Box Number is Not Acceptable)

**1028 ROSETREE LANE**

City

**TARPON SPRINGS**

FL

Zip Code

**34689**

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**SEE ATTACHED**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all times like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

SECTION 11: NAMES STREET ADDRESSES OF EACH OFFICER/DIRECTOR

GERALD W. CHANDLER  
H. LEE OLMAN  
RICHARD MCGLAUGHLIN  
DONALD SCHWARTZ, MD  
ROGER BURKE  
GREG ROMANS  
DAVID JOHNSON  
J. THOMAS MARTIN  
MIKE O'MALLEY  
ROGER FRIEND

C/P  
DVP/S  
D/T  
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D  
VP  
VP  
VP  
VP  
VP

3524 COUNTRYWOOD LANE  
3712 DOVER DRIVE  
2900 ARGYLE ROAD  
2650 ELM AVENUE, SUITE 108  
6536 MYRTLE BEACH DRIVE  
10852 MILLINGTON LANE  
300 CORPORATE PKWY, SUITE 3  
2021 TRAMMEL CHASE DRIVE  
300 CORPORATE PKWY, SUITE 3  
206 TCHEFUNCTE OAKS

BIRMINGHAM, AL 35243  
BIRMINGHAM, AL 35222  
BIRMINGHAM, AL 35213  
LONG BEACH, CA 90806  
PLANO, TX 75093  
RICHMOND, VA 23233  
BIRMINGHAM, AL 35242  
BIRMINGHAM, AL 35244  
BIRMINGHAM, AL 35242  
MANDEVILLE, LA 70471

*Attachment Dett*

*P96010002804*

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