FILED Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90115 009 ***150.00

2003 FOR PROFIT CORPORATION

DOCUMENT # P9600002804 1. Entity Name PROWEH HEALTH SYSTEMS, INC. Principal Place of Business 3712 DOVER DRIVE BIRMINGHAM, AL 35223 US Mailing Address 2500 ALTON ROAD BIRMINGHAM, AL 35243				10054342				
2. Principal Place of Business 300 CORPORATE PARKWAY Suite, Apt. 1, etc. Suite /ob City & State	Suite, Apt. #, etc. City & State	·	ROAD	4. FEI Number	CHECK HERE IF		MGES	plied For
BIRMINGHAM, AL	BIRMINGHI	Country	AL	59-33820		\$81°	Not Applicable \$8.75 Additional	
35242	35243	L		Fee Required			1	
TARPON SPRINGS, FL 34689				et Address (P.O. Box Number is Not Acceptable)				
			City			rl,	ip Code	
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typind or primed name of impassed agent ag	nd into a suprication. (NOTE		Multiple of the second	when reinstating) 9. Electio	n Campaign Finar und Contribution.	DATE	\$5.00) May Be to Fees
10. OFFICERS AND D		11.	- 7	ADDITIONS/CHA	ANGES TO OFFIC			
OVPS HAME H LEE OHLMAN STREET ADDRESS CITY-51-2P BIRMINGHAM, AL 35222	□ Delete	TITLE NAME STREET A CITY-ST-	1				tenge	Addition Section 1998
TITLE VP NAME ROMANS, GREG STREET ADDRESS 10852 MILLINGTON LANE CITY-ST-ZP RICHMOND, VA.23233	□ Delete	TITLE NAME STREET AS "= "CITY-ST-	I		·		hange	Addition
TIRE CHRELIDENT HAME CHANDLER, GERALD W. STREET ADDRESS CITY-ST-2P BIRMINGHAM, AL 35243	□ Delete	TUTLE NAME STREET AS COTY-ST-	1				hange	Addition
TITLE CP TREASURER. MCGAUGHIN, RICHARD STREETADDRESS CITY-ST-2P BIRMINGHAM, AL 35213	☐ Delete	TITLE NAME STREET AL CITY-ST-	Į.			□ c	hange	Addition
ITILE DIRECTOR SCHWARTZ, DONALD MD STREET ADDRESS 2650 ELM AVENUE, SUITE 108 LONG BEACH, CA 90806	☐ Delete	TITLE NAME STREET AD CITY-ST-	I					Addition
TITLE D BURKE, BOGER STREET ADDRESS CITY-ST-2P PLANO, TX 75093	, Gir Delete	TITLE NAME STREET AD CITY-ST-2	1					Addition
12. I hereby certify that the information supplied with this filling 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 businesses 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 analysis, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PR	NTED HAME OF SIGNING OFFICER O	OR DIRECTOR		2/C	70.≤	Caryalina F	577 ·	-8506