



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2675  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |               |                                                                 |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|--------------------|
| 1. Corporate ID No.<br><u>000103071</u>                                                                                                                    |               | 2. Name of Corporation<br><u>Advantage Health Services, Inc</u> |                    |
| 3. Street Address Principal Business Office<br><u>101 Sun Ave NE</u>                                                                                       |               |                                                                 |                    |
| 4. Business Phone No.<br><u>(505) 821-3355</u>                                                                                                             |               | City<br><u>Albuquerque</u>                                      | State<br><u>NM</u> |
| 5. State of Incorporation<br><u>Florida</u>                                                                                                                |               | Zip<br><u>87109</u>                                             |                    |
| 6. Brief Description of the Character of Business Conducted in Rhode Island                                                                                |               |                                                                 |                    |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |                                                                 |                    |
| President Name                                                                                                                                             |               | Vice President Name                                             |                    |
| <u>Michael T. Berg</u>                                                                                                                                     |               | <u>Steven A. Roseman</u>                                        |                    |
| Street Address                                                                                                                                             |               | Street Address                                                  |                    |
| <u>101 Sun Ave NE</u>                                                                                                                                      |               | <u>101 Sun Ave NE</u>                                           |                    |
| City                                                                                                                                                       | State         | City                                                            | State              |
| <u>Albuquerque</u>                                                                                                                                         | <u>NM</u>     | <u>Albuquerque</u>                                              | <u>NM</u>          |
| Zip                                                                                                                                                        |               | Zip                                                             |                    |
| <u>87109</u>                                                                                                                                               |               | <u>87109</u>                                                    |                    |
| Secretary Name                                                                                                                                             |               | Treasurer Name                                                  |                    |
| <u>Michael T. Berg</u>                                                                                                                                     |               | <u>D. Craig Hayes</u>                                           |                    |
| Street Address                                                                                                                                             |               | Street Address                                                  |                    |
| <u>101 Sun Ave NE</u>                                                                                                                                      |               | <u>101 Sun Ave NE</u>                                           |                    |
| City                                                                                                                                                       | State         | City                                                            | State              |
| <u>Albuquerque</u>                                                                                                                                         | <u>NM</u>     | <u>Albuquerque</u>                                              | <u>NM</u>          |
| Zip                                                                                                                                                        |               | Zip                                                             |                    |
| <u>87109</u>                                                                                                                                               |               | <u>87109</u>                                                    |                    |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |                                                                 |                    |
| Director Name                                                                                                                                              |               | Director Name                                                   |                    |
| <u>Jennifer Botter</u>                                                                                                                                     |               |                                                                 |                    |
| Street Address                                                                                                                                             |               | Street Address                                                  |                    |
| <u>101 Sun Ave NE</u>                                                                                                                                      |               |                                                                 |                    |
| City                                                                                                                                                       | State         | City                                                            | State              |
| <u>Albuquerque</u>                                                                                                                                         | <u>NM</u>     |                                                                 |                    |
| Zip                                                                                                                                                        |               | Zip                                                             |                    |
| <u>87109</u>                                                                                                                                               |               |                                                                 |                    |
| 9. SHARES AUTHORIZED                                                                                                                                       |               |                                                                 |                    |
| <u>1,000 Common</u>                                                                                                                                        |               |                                                                 |                    |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |               |                                                                 |                    |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |               |                                                                 |                    |
| Number of Shares                                                                                                                                           | Class/Series  | Par Value                                                       |                    |
| <u>1,000</u>                                                                                                                                               | <u>Common</u> | <u>.01</u>                                                      |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |               |                                                                 |                    |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date AUG 02 2010

Check No. DS

By: [Signature]

123714

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [Signature] Date 7/21/10

Print or Type Name Michael T. Berg

Title Secretary