



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 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

**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 <u>000103071</u>		2. Name of Corporation <u>Advantage Health Services, Inc.</u>	
3. Street Address Principal Business Office <u>101 Sun Ave NE</u>		City <u>Albuquerque</u>	State <u>NM</u>
4. Business Phone No. <u>(505) 821-3355</u>		5. State of Incorporation <u>Florida</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>Steven A. Roseman</u>	
Street Address		Street Address	
		<u>101 Sun Ave NE</u>	
City	State	City	State
		<u>Albuquerque</u>	<u>NM</u>
Secretary Name	Treasurer Name		Zip
<u>Michael T. Berg</u>	<u>Jennifer Better</u>		<u>87109</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>Kevin Pendergest</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. \_\_\_\_\_

By: DS

FOR SECRETARY OF STATE USE ONLY

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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 Michael T. Berg Date 7/21/10

Print or Type Name Michael T. Berg

Title Secretary