



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** 2003

**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>	Zip <u>87109</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 <u>John W. Driscoll</u>		Vice President Name		
Street Address <u>101 Sun Ave NE</u>		Street Address		
City <u>Albuquerque</u>	State <u>NM</u>	Zip <u>87109</u>	City	State
Secretary Name <u>Michael T. Berg</u>		Treasurer Name - CFO <u>Michael Rzendzian</u>		
Street Address <u>101 Sun Ave NE</u>		Street Address <u>101 Sun Ave NE</u>		
City <u>Albuquerque</u>	State <u>NM</u>	Zip <u>87109</u>	City <u>Albuquerque</u>	State <u>NM</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>John W. Driscoll</u>		Director Name		
Street Address <u>101 Sun Ave NE</u>		Street Address		
City <u>Albuquerque</u>	State <u>NM</u>	Zip <u>87109</u>	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares <u>1,000</u>	Class/Series <u>Common</u>	Par Value <u>.01</u>

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.

File Date **FILED**  
Check No. AUG 02 2010  
By: DS  
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