



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 2002

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 <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> | City | State |
| Zip <u>87109</u> | | Zip | |
| Secretary Name <u>Michael T. Berg</u> | | Treasurer Name <u>Robert K. Schneider</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> | City <u>Albuquerque</u> | State <u>NM</u> |
| Zip <u>87109</u> | | Zip <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 <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> | City | State |
| Zip <u>87109</u> | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. SHARES AUTHORIZED <u>1,000 Common</u> | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| 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. | | 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.

FILED

File Date AUG 02 2010

Check No. 02:01

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