



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 2001

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	Zip	City	State	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>	Zip <u>87109</u>	City <u>Albuquerque</u>	State <u>NM</u>	Zip <u>87109</u>	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS								
Director Name <u>Warren C. Schelling</u>				Director Name <u>Raymond Bower</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>	Zip <u>87109</u>	City	State	Zip
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	State	Zip	City	State	Zip
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 <u>1,000</u>		Class/Series <u>Common</u>			Par Value <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.

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

FILED
File Date AUG 02 2010
Check No. _____
By [Signature]
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