

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

1. Corporate ID No	2. Name of Corporation				
000103071	Advantage Health Services Inc.				
3. Street Address Principal Business O	(fice Ava I	VE J	City A 11	State	Zip
4. Business Phone No.	$\alpha = 7 (V e_{-})$	5. State of Incorporation	1 Mbuquerque	1 - NM	57109
(505) 821-3355 Florida					
6. Brief Description of the Character o	f Business Conducted in 1	thode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
			Michael Newman		
Street Address			Street Address		
City	State	Zip	101 Du	State	16
			Albuniero	M/M	57105
Secretary Name	1		Treasurer Name	u	
Street Address			Michael Montevideo		
101 5	in Ave	NE	Street Address	Sun Ave	NE
City All concerns	State	Zip 87109	City	State	Zip 67109
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) I THE IN SPA	TES REFORE HEING A	ETA CHANENING
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name					
Michael T. Berg					
Street Address			Street Address		
City 101 CX	n Ave	Z(p)	City	State	1 724
Albuqueroue	$\wedge M$	87109		Лив	Zip
			Director Name		
Street Address			Street Address		
City	State	Ζψ	City	State	Zip
			· · ·		
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
1,000 Common			ISSUED SHARES — THIS SECTION Number of Shares	MUST BE COMPLETED Class/Series	1
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			retinitive by sources	Classiseries	Par Value
instruction sheet.			1.000	Common	.01
Cross services and the contract of the contrac	1 1 10 0 0				
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.					
,			in instead		
7.5.W					
(Manusidado)			Under penalty of periury	Lecture and affirm that t	have examined this conse
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 baseling are accompanied.					
Contained determinations and correct.					
File Date - AUG 0 2 20	10		- IWY I	'ユデーー	1/21/10
Signature Date					
Printer Supe Name 1. Berg					
FOR SECRETARY OF STA	TE USE ONLY	- 17	Title	retary	
				J	Form 630 Rev. 08/08