RI SOS Filing Number: 201066438350 Date: 08/02/2010 4:00 PM

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 2006

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: 000102071
2. Name of Corporation: Advantage Health Services, Inc.
3. Street Address Principal Business Office: 101 Sun Ave NE — City: Albuquerque — State: NM — Zip: 87109
4. Business Phone No.: (505) 821-3355
5. State of Incorporation: Florida
6. Brief Description of the Character of Business Conducted in Rhode Island:

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name:
Street Address:
City / State / Zip:

Vice President Name: Michael Newman
Street Address: 101 Sun Ave NE
City: Albuquerque — State: NM — Zip: 87109

Secretary Name: Michael T. Berg
Street Address: 101 Sun Ave NE
City: Albuquerque — State: NM — Zip: 87109

Treasurer Name: D. Craig Hayes
Street Address: 101 Sun Ave NE
City: Albuquerque — State: NM — Zip: 87109

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Michael T. Berg
Street Address: 101 Sun Ave NE
City: Albuquerque — State: NM — Zip: 87109

Director Name:
Street Address:
City / State / Zip:

Director Name:
Street Address:
City / State / Zip:

Director Name:
Street Address:
City / State / Zip:

9. SHARES AUTHORIZED: 1,000 Common

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) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	Common	.01

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.

[redacted]

FILED

File Date: AUG 02 2010
Check No. / By: DS 1231716
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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: [redacted] Date: 7/21/10

Print or Type Name: Michael T. Berg

Title: Secretary

02 :01 PM 10: 20

[redacted]

52087-6-500011

Form 630 Rev. 08/08