SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

F97000005889
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP -8 AM 10:29

DOCUMENT # F97000005889

1. Corporation Name
PAIDOS HEALTH MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
102 WILMOT RD., STE. 300 DEERFIELD IL 60015	102 WILMOT RD., STE. 300 DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1997

2. Principal Place of Business	2a. Mailing Address
21 106 Wilmot Rd ~~1200~~	26 106 Wilmot Rd
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100.
City & State 23 DEERFIELD IL	City & State 28 DEERFIELD IL
Zip / Country 24 60015 / 25 USA	Zip / Country 29 60015 / 30 USA

4. FEI Number: 36-4066653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ DELETE ~~COLLIER, DUKE~~ ~~555 13TH ST.M, STE. 8 WEST 100~~ WASHINGTON DC 20004	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR EILEEN SWEENEY ONE CHASE MANHATTAN PLAZA 34th FLR NEW YORK, NY 10005 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE ERICKSON, THOMAS W 5950 BERKSHIRE LANE, STE. 1100 DALLAS TX 75225	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	000002983140--1 -09/10/99--01006--001 *****550.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ DELETE GOLDSMITH, DAVID L 555 CALIFORNIA ST., STE. 2600 SAN FRANCISCO CA 94104	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE HILL, GENE III ONE EMBARCADERO CENTER, STE. 3820 SAN FRANCISCO CA 94111	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE EMONT, GEORGE 500 W. MAIN ST. LOUISVILLE KY 40201	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ DELETE WHITTAKER, FORREST R 102 WILMOT RD., STE. 300 DEERFIELD IL 60015	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	8/9/98 ☐ Change ☐ Addition

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EUGENIA RIOS, PRES. 7/14/99 847-267-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #