2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F97000005889 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name PAIDOS HEALTH MANAGEMENT SERVICES, INC. 04-10-2000 90174 039 ***150.00 Mailing Address Principal Place of Business 106 WILMOT RD 106 WILMOT RD SUITE 100 SUITE 100 DEERFIELD IL 60015-5112 DEERFIELD IL 60015 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 36-4066653 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE TITLE SWEENEY, EILEEN NAME NAME ONE CHASE MANHATTAN PLAZA 34TH FLR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10005** ☐ Addition ☐ Change TITLE Delete TITLE ERICKSON, THOMAS W NAME NAME STREET ADDRESS 5950 BERKSHIRE LANE, STE. 1100 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75225 CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITLE GOLDSMITH, DAVID L NAME NAME STREET ADDRESS 555 CALIFORNIA ST., STE. 2600 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94104 CITY-ST-ZIP 🗶 Addition Change Delete TITLE ROZZL MARSHALL 180 E. PEARSON TITLE HILL, GENE III NAME NAME ONE EMBARCADERO CENTER, STE. 3820 STREET ADDRESS STREET ADDRESS Chicago IL 60611 CITY-ST-ZIP SAN FRANCISCO CA 94111 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EMONT, GEORGE NAME NAME 500 W. MAIN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY 40201 CITY-ST-ZIP Change 1 ☐ Addition ☐ Delete TITLE TITLE WhittAKER FORREST WHITTAKER, FORREST R NAME Saite 100 STREET ADDRESS 102 WILMOT RD., STE. 300 STREET ADDRESS 60015 CITY-ST-ZIP DEER FIELD, IL CITY-ST-ZIP DEERFIELD IL 60015 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all officer like empowered.

atlach. C0056362 HF97000005889

PAIDOS HEALTH MANAGEMENT SERVICES, INC. BOARD OF DIRECTORS 36-4866653

Member/Office Address

D. Bernard F. McDonagh, Ph.D. Validus Partners L.L.C. 9900 Bren Road East Minnetonka, MN 55343

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