

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90338 043 ***150.00

DOCUMENT # F97000005889

1. Entity Name

PAIDOS HEALTH MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**106 WILMOT RD
SUITE 100
DEERFIELD IL 60015****106 WILMOT RD
SUITE 100
DEERFIELD IL 60015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4066653

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	D SWEENEY, EILEEN	ONE CHASE MANHATTAN PLAZA 34TH FLR	NEW YORK NY 10005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Deleted FINKEI, LYNN	ONE CHASE PLAZA 34TH FLOOR	NEW YORK, NY 10005
<input type="checkbox"/> Delete	D ERICKSON, THOMAS W	5950 BERKSHIRE LANE, STE. 1100	DALLAS TX 75225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Deleted TEPPER, ALLEN	501 WASHINGTON - 5th FLOOR	SAN DIEGO, CA 92103
<input type="checkbox"/> Delete	S GOLDSMITH, DAVID L	333 CALIFORNIA ST., STE-2600	SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Deleted Goldsmith, DAVID	388 MARKET STREET STE 200	SAN FRANCISCO, CA 94111
<input type="checkbox"/> Delete	D ROZZI, MARSHALL	180 E PEARSON	CHICAGO IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Deleted ROZZI, MARSHALL	190 S. LA SALLE ST. STE 1050	CHICAGO, IL 60603
<input type="checkbox"/> Delete	D EMONT, GEORGE	500 W. MAIN ST.	LOUISVILLE KY 40201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Deleted McDONAGH, BERNARD	9900 BREN ROAD EAST	MINNETONKA, MN 55343
<input checked="" type="checkbox"/> Delete	PD WHITTAKER, FORREST R	106 WILMOT RD STE-100	DEERFIELD IL 60015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Deleted GREGORY J. Lippe	106 Wilmot Rd STE 100	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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. Lippe 1/4/01

Date

Daytime Phone #

847-597-8271

CR2E034 (10/00)