

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90426 046 ***150.00

0650462 AT

DOCUMENT # F97000005889

1. Entity Name
PAIDOS HEALTH MANAGEMENT SERVICES, INC.



Principal Place of Business
**155 PFINGSTEN ROAD
SUITE 355
DEERFIELD IL 60015**

Mailing Address
**155 PFINGSTEN ROAD
SUITE 355
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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINKEL, LYNN	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA 34TH FLR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, THOMAS W	
STREET ADDRESS	5950 BERKSHIRE LANE, STE. 1100	
CITY-ST-ZIP	DALLAS TX 75225	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, DAVID L	
STREET ADDRESS	388 MARKET STREET STE 200	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROZZI, MARSHALL	
STREET ADDRESS	180 E PEARSON	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EMONT, GEORGE	
STREET ADDRESS	500 W. MAIN ST.	
CITY-ST-ZIP	LOUISVILLE KY 40201	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LIPPE, GREGORY J	
STREET ADDRESS	106 WILMOT RD STE-100	
CITY-ST-ZIP	DEERFIELD IL 60015	

TITLE	CEO + Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN B. PENROSE	
STREET ADDRESS	9 Bishops Rise	
CITY-ST-ZIP	NANTUCKET MA 02554	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS MEULEMANS	
STREET ADDRESS	1100 Sir William Lane	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferdinand Schmitz	
STREET ADDRESS	20 Virent Lane	
CITY-ST-ZIP	NOVATO CA 94945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY LIPPE	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **DENNIS MEULEMANS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

847-267-0706

CR2E034 (10/02)