

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002362

1. Entity Name

PROVANTAGE HEALTH SERVICES, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 017 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 846
 BROOKFIELD WI 53008-0846

P.O. BOX 846
 BROOKFIELD WI 53008-0846

2. Principal Place of Business

3. Mailing Address

N19 W24130 Riverwood Dr.
 Suite, Apt. #, etc.

P.O. Box 1662
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Waukesha, WI

City & State
 Waukesha, WI

4. FEI Number **54-1508848**

Applied For
 Not Applicable

Zip Country
 53188 U.S.A.

Zip Country
 53188-1662 U.S.A.

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

N/A

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 N/A

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, 2000 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	DPCE	<input type="checkbox"/> Delete
NAME	KRAMER, DALE P	
STREET ADDRESS	13555 BISHOPS COURT, SUITE 201	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	JONES, JEFFREY A	
STREET ADDRESS	13555 BISHOPS COURT, SUITE 201	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BARLOW, GEORGE M	
STREET ADDRESS	13555 BISHOPS COURT, SUITE 201	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	BESTE, PETER	
STREET ADDRESS	13555 BISHOPS COURT, SUITE 201	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ALAN	
STREET ADDRESS	13555 BISHOPS COURT, SUITE 201	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	COFFINI, JOSEPH A	
STREET ADDRESS	13555 BISHOPS COURT SUITE 201	
CITY-ST-ZIP	BROOKFIELD WI 53008	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kramer, Dale P	
STREET ADDRESS	N19 W24130 Riverwood Dr.	
CITY-ST-ZIP	Waukesha, WI 53188	
TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Jeffrey A	
STREET ADDRESS	N19 W24130 Riverwood Dr.	
CITY-ST-ZIP	Waukesha, WI 53188	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N19 W24130 Riverwood Dr.	
CITY-ST-ZIP	Waukesha, WI 53188	
TITLE	SVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abramowski, Robert J.	
STREET ADDRESS	N19 W24130 Riverwood Dr.	
CITY-ST-ZIP	Waukesha, WI 53188	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nussle, Patricia A.	
STREET ADDRESS	N19 W24130 Riverwood Dr.	
CITY-ST-ZIP	Waukesha, WI 53188	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N19 W24130 Riverwood Dr.	
CITY-ST-ZIP	Waukesha, WI 53188	

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: Patricia A. Nussle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
 Date

(262)312-3993
 Daytime Phone #

CRPE004 (3/99)