

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91287 026 \*\*\*150.00

UBR/9930 AI

**DOCUMENT # F99000002362**

1. Entity Name

**PROVANTAGE HEALTH SERVICES, INC.**

Principal Place of Business

**#19 W24130 RIVERWOOD DR  
 WAUKESHA WI 53188  
 US**

Mailing Address

**C/O MERCK & CO. INC  
 ONE MERCK DRIVE  
 WHITEHOUSE STATION NJ 08889  
 US**

2. Principal Place of Business

**100 Parsons Pond Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Franklin Lakes NJ 07417**

City & State

4. FEI Number

**54-1508848**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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	<input type="checkbox"/> Delete
T	DORSA, CAROLINE	ONE MERCK DRIVE	WHITEHOUSE STATION NJ 08889	<input type="checkbox"/>
AS	BOLWAGE, DEBRA	ONE MERCK DRIVE	WHITEHOUSE STATION NJ 08889	<input type="checkbox"/>
VP	MCGOVERN, ROBERT	ONE MERCK DRIVE	WHITEHOUSE STATION NJ 08889	<input type="checkbox"/>
P	JONES, ROGER	100 PARSONS POND DRIVE	FRANKLIN LAKES NJ 07417	<input type="checkbox"/>
SVP	KARLIN, DAVID	100 PARSONS POND DRIVE	FRANKLIN LAKES NJ 07417	<input type="checkbox"/>
SVP	WALDEN, DANIEL	100 PARSONS POND DRIVE	FRANKLIN LAKES NJ 07417	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Robert B. McGovern

4/24/02

908-423-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)