

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91884 014 ***150.00

051985 AT

DOCUMENT # **F99000002362**

1. Entity Name
PROVANTAGE HEALTH SERVICES, INC.



Principal Place of Business
**100 PARSONS POND DR
FRANKLIN LAKES NJ 07417
US**

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



2. Principal Place of Business

3. Mailing Address
100 PARSONS POND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Tax DEPT FI-5A

CHECK HERE IF MAKING CHANGES

City & State

City & State
FRANKLIN LAKES NJ

4. FEI Number **54-1508848**

Applied For
Not Applicable

Zip

Country

Zip

Country
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
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 _____ (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	T	<input type="checkbox"/> Delete
NAME	DORSA, CAROLINE	
STREET ADDRESS	ONE MERCK DRIVE	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 08889	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOLWAGE, DEBRA	
STREET ADDRESS	ONE MERCK DRIVE	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 08889	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGOVERN, ROBERT	
STREET ADDRESS	ONE MERCK DRIVE	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 08889	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, ROGER	
STREET ADDRESS	100 PARSONS POND DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KARLIN, DAVID	
STREET ADDRESS	100 PARSONS POND DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WALDEN, DANIEL	
STREET ADDRESS	100 PARSONS POND DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	

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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, ROBERT	
STREET ADDRESS	100 PARSONS POND DR.	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417	
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		

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: **[Signature]** **REQUIRED** **4/28/03** **201-269-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)