

No. **C1J6687****Annual Report Form 1996**

Due No Later Than November 30,

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080**NO FEE REQUIRED**

1. Mailing Address - Please Correct, If Not Correct

**METRAHEALTH CARE MANAGEMENT**450 Columbus Boulevard  
57 GREENS FARMS ROADHartford, CT 06115-0450  
WESTPORT CT 06880**C T CORPORATION SYSTEM**  
300 NORTH 6TH STREET

BOISE ID 83701

3. Organized Under the Laws of:

DE C106687

\* FIRST NOTICE \*

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
- 
- Limited Liability Companies: Enter Names and Addresses of
- 
- Managers or
- 
- Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Travers H. Wills	9900 Bren Road East #300	Minnetonka	MN	55343
Secretary	Brigid M. Spicola	9900 Bren Road East #300	Minnetonka	MN	55343
Treasurer	David P. Koppe	9900 Bren Road East #300	Minnetonka	MN	55343
Director	Travers H. Wills	9900 Bren Road East #300	Minnetonka	MN	55343
Director	David P. Koppe	9900 Bren Road East #300	Minnetonka	MN	55343

5. **NATURE OF BUSINESS**

management and consulting

**ANY LAWFUL**

services to health care industry

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge ~~correct and complete~~.

Signature

Date August 9, 1996

Name (Typed or Printed)

Brigid M. SpicolaTitle Secretary

ISSUED: 07-06-1996

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