No. <b>C 130054</b>		Due no later than Aug 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTH VALUE MANAGEMENT, INC.  ANITA K STEPHENS  PO BOX 740026  LOUISVILLE KY 04201-7426	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names a	nd Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Nam	ie	Street or PO Address	City	State	Country	Postal Code
PRESIDENT BRU	CE D PE	RKINS 500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
SECRETARY JOAI	N O LEN	IAHAN 500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
TREASURER JAM	ES H BL	OEM 500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DE		Signature: George Bauernfeind	Date: 07/07/2011			
C 130054		Name (type or print): George Bauernfeind		Title: Vice President		
Processed 07/07/2011	* Electronically provided signatures are accepted as original signatures.					