

No. C 164390		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAREWISE HEALTH, INC. 9200 SHELBYVILLE RD SUITE 700 LOUISVILLE KY 40222		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RYLAND MERLE	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
SECRETARY	JACKSON MARTIN	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
TREASURER	JACKSON MARTIN	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	JACKSON MARTIN	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	PILTCH STUART	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	MEHROTRA RISHABH	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	RYLAND MERLE	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 164390		Signature: Michelle Donato			Date: 12/18/2015		
		Name (type or print): Michelle Donato			Title: POA		
Processed 12/18/2015		* Electronically provided signatures are accepted as original signatures.					