

No. C 199362		Due no later than Aug 31, 2017 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. HEALTH MANAGEMENT CORPORATION JAMI J MEISTER 120 MONUMENT CIR INDIANAPOLIS IN 46204		C T CORPORATION SYSTEM 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
DIRECTOR	CATHERINE I KELAGHAN	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204
TREASURER	ROBERT DAVID KRETSCHMER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204
SECRETARY	KATHLEEN S KIEFER	120 MONUMENT CIR	INDIANAPOLIS	IN	USA	46204
PRESIDENT	DIANE SMELTZER	4200 W. CYPRESS ST. SUITE 900	TAMPA	FL	USA	33607
DIRECTOR	RONALD W PENCZEK	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204
DIRECTOR	DIANE SMELTZER	4200 W CYPRESS SUITE 900	TAMPA	FL	USA	33607
5. Organized Under the Laws of: VA C 199362		6. Annual Report must be signed.* Signature: Kathleen S. Kiefer Name (type or print): Kathleen S. Kiefer		Date: 08/29/2017 Title: Secretary		
Processed 08/29/2017		* Electronically provided signatures are accepted as original signatures.				