No. C 193239		Due no later than Dec 31, 2014		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. EXCEL MANAGED CARE & DISABILITY SERVICES, INC. 3840 C WATT AVENUE SUITE 200 SACRAMENTO CA 95821		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR DIRECTOR			3840 C WATT AVENUE SUITE 200 3840 C WATT AVENUE SUITE 200	SACRAMENTO SACRAMENTO	CA CA	USA USA	95821 95821
SECRETARY BRENDA SMI			3840 C WATT AVENUE SUITE 200	SACRAMENTO	CA	USA	95821
PRESIDENT BRENDA SMI		ПН	3840 C WATT AVENUE SUITE 200	SACRAMENTO	CA	USA	95821
VICE PRESIDENT	PRESIDENT STEPHEN SMETANA		3840 C WATT AVENUE SUITE 200	SACRAMENTO	CA	USA	95821
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
CA		Signature: Phally Sea		Date: 11/14/2014			
C 193239		Name (type or print): Phally Sea		Title: POA			
Processed 11/14/2014 * Electronically provided signatures are accepted as original signatures.							