No. C 164390		Due no later than Jan 31, 2013		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. KATHERINE MAY 9200 SHELBYVILLE ROAD SUITE 700 LOUISVILLE KY 40222 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JERROLD KR	EISLER	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222
SECRETARY DAVID P HAI		AICK	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222
DIRECTOR DAVID P HAIC		AICK	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222
TREASURER	JAMES TERI	BEEST	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: Katherine May		Date: 11/19/2012			
C 164390		Name (type or p	Title: Legal Admin				
Processed 11/19/2012		* Electronically provided signatures are accepted as original signatures.					