

No. C 164390		Due no later than Jan 31, 2012 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. CAREWISE HEALTH, INC. BECKY H SOWDERS 9200 SHELBYVILLE ROAD SUITE 700 LOUISVILLE KY 40222 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
						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	RISHABH MEHROTRA	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222	
SECRETARY	DAVID P HAICK	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	DAVID P HAICK	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	RISHABH MEHROTRA	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222	
TREASURER	BRADLEY W WEAR	9200 SHELBYVILLE ROAD SUITE 700	LOUISVILLE	KY	USA	40222	
5. Organized Under the Laws of: DE C 164390		6. Annual Report must be signed.* Signature: David P. Haick Name (type or print): David P. Haick					
		Date: 11/22/2011 Title: Secretary					
Processed 11/22/2011		* Electronically provided signatures are accepted as original signatures.					