No. <b>C 128349</b>				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.  CONVERGENT HEALTHCARE RECOVERIES, INC.  JAN DRAHER  124 SW ADAMS ST		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	nes and Busine	ess Addresses of Presider	nt, Secretary, and Directors. Treasurer (	optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	KEVIN SHIOTELIS		555 NORTH POINT CENTER EAST STE 175	ALPHARETTA	GA	USA	30022
DIRECTOR	DANIEL GILL		C/O CRI 555 NORTH POINT CENTER EAST	ALPHARETTA	GA	USA	30022
PRESIDENT	DEREK PICKELL		951 YAMATO ROAD STE 220	BOCA RATON	FL	USA	33431
5. Organized Under the Laws of:  6. Annual Report must			e signed.*				
IL C 128349		Signature: Derek Pickell		Date: 03/31/2014			
		Name (type or print): Derek Pickell		Title: President			
Processed 03/31/2014	* Electronically provided signatures are accepted as original signatures.						