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| No. C 201260 | | Due no later than Feb 28, 2018 | | 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. STONEBRIDGE HEALTHCARE, INC ATTN: LICENSING 27101 PUERTA REAL SUITE 450 MISSION VIEJO CA 92691 USA | | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705-9269 | |
| | | | | 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 | DANIEL WALKER | 27101 PUERTA REAL STE 450 | MISSION VIEJO | CA | 92691 |
| SECRETARY | DEREK BUNKER | 27101 PUERTA REAL STE 450 | MISSION VIEJO | CA | 92691 |
| DIRECTOR | DANIEL WALKER | 27101 PUERTA REAL STE 450 | MISSION VIEJO | CA | USA 92691 |
| TREASURER | ELLIOT MCMILLAN | 27101 PUERTA REAL SUITE 450 | MISSION VIEJO | CA | USA 92691 |
| 5. Organized Under the Laws of: NV C 201260 | | 6. Annual Report must be signed.* Signature: Elliot McMillan Name (type or print): Elliot McMillan Date: 02/27/2018 Title: Treasurer | | | |
| Processed 02/27/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |