No. C 177052		Due no la	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CAREWORKS MANAGED CARE SERVICES, INC. MICHAEL KRAWITZ ONE UPPER POND RD					
NO FILING FEE IF RECEIVED BY DUE DATE		BLDG F 4TH FLR PARSIPPANY NJ 07054 USA					
4. Corporations: Enter Nam	es 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	CRETARY MICHAEL KRAWITZ		ONE UPPER POND RD BLDG F 4TH FLR ONE UPPER POND RD BLDG F 4TH FLR 761 OLD HICKORY BLVD SUITE 300		NJ NJ TN	USA USA USA	07054 07054 37027
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: Michael Krawitz			Date: 01/17/2018		
C 177052		Name (type or print): Michael Krawitz			Title: Secretary		
Processed 01/17/2018 * Electronically provided signatures are accepted as original signatures.							