No. <b>C 128349</b> Return to:		Due no later than Apr 30, 2017  Annual Report Form		2. Registered Agent and Address (NO PO BOX)  C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*							
								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.	
CONVERGENT HEALTHCARE RECOVERIES, INC. JANET DRAHER PO BOX 1289 PEORIA IL 61654											
		4. Corporations: Ent	er Names and Busin							ess Addresses of Pre	esident, Secretary, and Directors. Treasurer
Office Held	Name		Street or PO Address					City	State	Country	Postal Code
SECRETARY	JOSEPH PAR	RTAIN	13575 HEATHCOTE BLVD STE 300	GAINESVILLE	VA	USA	20155				
DIRECTOR	TRACEY CA	RPENTIER	21700 OXNARD ST STE 1400	WOODLAND HILLS	CA	USA	91367				
PRESIDENT	MARK SCHA	NCK	951 YAMATO ROAD STE 220	BOCA RATON	FL	USA	33431				
5. Organized Under the Laws of:		6. Annual Report must be signed.*									
IL C 128349		Signature: Mark Schanck		Date: 03/01/2017							
		Name (type or print): Mark Schanck		Title: President							
Processed 03/01/20:	17	* Electronically prov	rided signatures are accepted as original sign	natures.	•						