

No. <b>C 152565</b>	<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ACS HEALTH ADMINISTRATION, INC. KATHY BROWN 2828 N HASKELL AVE BLDG 1 FL 10 DALLAS TX 75204	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713
		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
DIRECTOR	BRIAN WALSH	45 GLOVER AVE
SECRETARY	BRIAN WALSH	45 GLOVER AVE
PRESIDENT	BRIAN WALSH	45 GLOVER AVE
		City
		State
		Country
		Postal Code
NORWALK	CT	USA
NORWALK	CT	USA
NORWALK	CT	USA
06856		06856
06856		06856
06856		06856
5. Organized Under the Laws of:  <b>DE</b> <b>C 152565</b>	6. Annual Report must be signed.* Signature: BRIAN Name (type or print): BRIAN	
Processed 01/19/2016		Date: 01/19/2016 Title: WALSH
* Electronically provided signatures are accepted as original signatures.		