| No. C 174076 | | Due no later than Jul 31, 2016 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | C T CORPORATION SYSTEM | | | |
| 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. ALICARE, INC. DIANE PAPPAS 333 WESTCHESTER AVENUE WHITE PLAINS NY 10604 | 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| | | WILLIAMS N. 1999. | | | | |
| 4. Corporations: Ent | er Names and Busin | ess Addresses of President, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR PAUL MALLE | | N 333 WESTCHESTER AVENUE | WHITE PLAINS | NY | USA | 10604 |
| DIRECTOR ANN JOO KI | | M 333 WESTCHESTER AVENUE | WHITE PLAINS | NY | USA | 10604 |
| PRESIDENT DAVID WALS | | | WHITE PLAINS | NY | USA | 10604 |
| SECRETARY | ELLEN DUNK | IN 333 WESTCHESTER AVENUE | WHITE PLAINS | NY | USA | 10604 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| NY | | Signature: Ellen Dunkin | Date: 06/17/2016 | | | |
| C 174076 | | Name (type or print): Ellen Dunkin Title: Secretary | | | | |
| Processed 06/17/20: | 16 | * Electronically provided signatures are accepted as original sig | natures. | | | |