

No. <b>C 199362</b>		Due no later than Aug 31, 2015 <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> HEALTH MANAGEMENT CORPORATION JAMI J MEISTER 120 MONUMENT CIR INDIANAPOLIS IN 46204		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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	DIANE SMELTZER	4200 W. CYPRESS ST. SUITE 900	TAMPA	FL	USA	33607
DIRECTOR	WAYNE S DEVEYDT	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204
DIRECTOR	CATHERINE I KELAGHAN	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204
TREASURER	ROBERT DAVID KRETSCHMER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204
SECRETARY	KATHLEEN S KIEFER	120 MONUMENT CIR	INDIANAPOLIS	IN	USA	46204
5. Organized Under the Laws of:  <b>VA C 199362</b>		6. Annual Report must be signed.* Signature: Kathleen S. Kiefer Name (type or print): Kathleen S. Kiefer Date: 08/21/2015 Title: Secretary				
Processed 08/21/2015		* Electronically provided signatures are accepted as original signatures.				