

No. C 164390		Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. CAREWISE HEALTH, INC. 9200 SHELBYVILLE RD SUITE 700 LOUISVILLE KY 40222		NATIONAL REGISTERED AGENTS INC 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	MERLE A. RYLAND	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
SECRETARY	MARTIN JACKSON	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
TREASURER	MARTIN JACKSON	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	MARTIN JACKSON	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	STUART PILTCH	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	MEHROTRA RISHABH	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
DIRECTOR	MERLE A. RYLAND	9200 SHELBYVILLE RD SUITE 700	LOUISVILLE	KY	USA	40222	
5. Organized Under the Laws of: DE C 164390		6. Annual Report must be signed.* Signature: Ryan Nelson Name (type or print): Ryan Nelson					
		Date: 12/22/2016 Title: POA					
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.					