

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005983

FILED
Feb 15, 2011
Secretary of State

Entity Name: CORRECTCARE-INTEGRATED HEALTH, INC.

Current Principal Place of Business:

366 SOUTH BROADWAY
LEXINGTON, KY 40508

New Principal Place of Business:

Current Mailing Address:

366 SOUTH BROADWAY
LEXINGTON, KY 40508

New Mailing Address:

FEI Number: 31-1491074 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BAXTER, ANTHONY Q
Address: 154 EAST BELL COURT
City-St-Zip: LEXINGTON, KY 40508

Title: CHAI
Name: HELLEBUSCH, ARTHUR A
Address: 134 HAMILTON PARK
City-St-Zip: LEXINGTON, KY 40504

Title: PRES
Name: GOINS, LINDA
Address: 460 SHADY LANE
City-St-Zip: MIDWAY, KY 40347

Title: ST
Name: KAHLER, JENNIFER M
Address: 2087 SUGAR CREEK PIKE
City-St-Zip: NICHOLASVILLE, KY 40356

Title: D
Name: BAXTER, ANTHONY Q
Address: 154 E BELL COURT
City-St-Zip: LEXINGTON, KY 40508

Title: CFO
Name: BURKHARDT, JIM
Address: 391 WINDOM LANE
City-St-Zip: NICHOLASVILLE, KY 40356

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER M. KAHLER

ST

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date