

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000903

FILED
Apr 23, 2012
Secretary of State

Entity Name: MANAGED CARE/GALAXY HEALTH NETWORK, INC.

Current Principal Place of Business:

631 106TH STREET
ARLINGTON, TX 76011

New Principal Place of Business:

Current Mailing Address:

631 106TH STREET
ARLINGTON, TX 76011

New Mailing Address:

FEI Number: 75-2546575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: SD
Name: PARKS, JENNIFER
Address: 631 106TH STREET
City-St-Zip: ARLINGTON, TX 76011

Title: D
Name: SHANE, WENDY
Address: 631 106TH STREET
City-St-Zip: ARLINGTON, TX 76011

Title: D
Name: SHADLE, BRIDGET
Address: 631 106TH STREET
City-St-Zip: ARLINGTON, TX 76011

Title: P
Name: SHANE, P J
Address: 631 106TH STREET
City-St-Zip: ARLINGTON, TX 76011

Title: V
Name: SHADLE, DAN
Address: 631 106TH STREET
City-St-Zip: ARLINGTON, TX 76011

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: DAN SHADLE

_____ Electronic Signature of Signing Officer or Director

VP

04/23/2012

_____ Date