

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21141

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ARCADIA HEALTH SERVICES, INC.

## Current Principal Place of Business:

26777 CENTRAL PARK BLVD. SUITE 200  
SUITE 200  
SOUTHFIELD, MI 48076 US

## New Principal Place of Business:

9229 DELEGATES ROW, SUITE 260  
INDIANAPOLIS, IN 46240 US

## Current Mailing Address:

9229 DELEGATES ROW  
SUITE 260  
INDIANAPOLIS, IN 46240 US

## New Mailing Address:

9229 DELEGATES ROW, SUITE 260  
INDIANAPOLIS, IN 46240 US

FEI Number: 38-2186866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: RICHARDSON, MARVIN R  
Address: 9229 DELEGATES ROW, STE. 260  
City-St-Zip: INDIANAPOLIS, IN 46240 US

Title: VP ( ) Delete  
Name: SPARLING, CATHY  
Address: 26777 CENTRAL PARK BLVD, STE 200  
City-St-Zip: SOUTHFIELD, MI 48076 US

Title: TRS ( ) Delete  
Name: MIDDENDORF, MATTHEW R  
Address: 9229 DELEGATES ROW, STE. 260  
City-St-Zip: INDIANAPOLIS, IN 46240 US

Title: VPTF (X) Delete  
Name: SUNDARAM, LAKSHU  
Address: 26777 CENTRAL PARK BLVD. SUITE 200  
City-St-Zip: SOUTHFIELD, MI 48076 US

Title: SEC ( ) Delete  
Name: MOLIN, MICHELLE M  
Address: 9229 DELEGATES ROW, STE. 260  
City-St-Zip: INDIANAPOLIS, IN 46240 US

Title: DIR ( ) Delete  
Name: RICHARDSON, MARVIN R  
Address: 9229 DELEGATES ROW, STE. 260  
City-St-Zip: INDIANAPOLIS, IN 46240 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE MOLIN

SEC

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date