

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036568

Entity Name: RECOVER HEALTH, INC.

Current Principal Place of Business:

5900 GREEN OAK DRIVE
SUITE 200
MINNETONKA, MN 55343

Current Mailing Address:

5900 GREEN OAK DRIVE
SUITE 200
MINNETONKA, MN 55343 US

FEI Number: 26-4766093

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOLEOS, DANIEL J
8211 W. BROWARD BOULEVARD
SUITE PH4
FORT LAUDERDALE, FL 33324 US

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

Officer/Director Detail :

Title P,D
Name ARX, GREG V
Address 8211 W. BROWARD BOULEVARD
SUITE PH4
City-State-Zip: FORT LAUDERDALE FL 33324

Title SECR
Name WALSETH, DANIEL
Address 8211 W. BROWARD BOULEVARD
SUITE PH4
City-State-Zip: FORT LAUDERDALE FL 33324

Title T,D
Name LERUM, STEPHEN
Address 8211 W. BROWARD BOULEVARD
SUITE PH4
City-State-Zip: FORT LAUDERDALE FL 33324

Title DIRE
Name HAYS, JAMES
Address 8211 W. BROWARD BOULEVARD
SUITE PH4
City-State-Zip: FORT LAUDERDALE FL 33324

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: GREG VON ARX

PRESIDENT

02/19/2013

Electronic Signature of Signing Officer/Director Detail

Date