

2014 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	5900 GREEN OAK DRIVE SUITE 200
City-State-Zip:	MINNETONKA MN 55343

Title	T, D
Name	LERUM, STEPHEN
Address	80TH SOUTH 8TH STREET SUITE 700
City-State-Zip:	MINNEAPOLIS MN 55402

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

Title	DIRE
Name	HAYS, JAMES
Address	80TH SOUTH 8TH STREET SUITE 700
City-State-Zip:	MINNEAPOLIS MN 55402

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****01/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date