

**2015 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:** No

**Name and Address of Current Registered Agent:**

PROPANE RESOURCES INVESTMENT GROUP, LLC  
100 SOUTH POINTE DR,  
#2605  
MIAMI BEACH, FL 33139 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:** STEVE LERUM

03/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name VON ARX, GREG  
Address 5900 GREEN OAK DRIVE  
SUITE 200  
City-State-Zip: MINNETONKA MN 55343

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 80TH SOUTH 8TH STREET  
SUITE 700  
City-State-Zip: MINNEAPOLIS MN 55402

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

03/10/2015

Electronic Signature of Signing Officer/Director Detail

Date