

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067392

**Entity Name:** SIMPLY HEALTHCARE HOLDINGS, INC.**Current Principal Place of Business:**1701 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134**Current Mailing Address:**120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204 US**FEI Number:** 27-0757414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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:** JAMES HALPIN

05/01/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	DEVEYDT, WAYNE S
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	DIRECTOR
Name	KELAGHAN, CATHERINE I
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	DIRECTOR
Name	BECK, CARTER A
Address	1155 ELM STREET 200
City-State-Zip:	MANCHESTER NH 03101

Title	SECRETARY
Name	KIEFER, KATHLEEN S
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	TREASURER
Name	KRETSCHMER, ROBERT DAVID
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

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:** KATHLEEN S. KIEFER**SECRETARY**

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date