

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067392

**FILED**  
**Mar 11, 2016**  
**Secretary of State**  
**CC7450590650**

**Entity Name:** SIMPLY HEALTHCARE HOLDINGS, INC.

**Current Principal Place of Business:**

9250 W. FLAGLER STREET  
SUITE 600  
MIAMI, FL 33174

**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

03/11/2016

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

Title CFO  
Name PRINCE, HOLLY JEAN  
Address 9250 W. FLAGLER STREET  
SUITE 600  
City-State-Zip: MIAMI FL 33174

Title ASSISTANT TREASURER  
Name NOBLE, ERIC K  
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**

03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date