

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000043078

**Entity Name:** CATALYST HEALTHCARE, INC.

**Current Principal Place of Business:**

1100 BISCAYNE BOULEVARD  
UNIT 4502  
MIAMI, FL 33132

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC8628225412**

**Current Mailing Address:**

1100 BISCAYNE BOULEVARD  
UNIT 4502  
MIAMI, FL 33132 US

**FEI Number: 45-5230894**

**Certificate of Status Desired: No**

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

FOLK, SHAWN  
100 S. VIRGINIA AVENUE  
#403  
WINTER PARK, FL 32789 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  
Name FOLK, SHAWN  
Address 1100 BISCAYNE BOULEVARD UNIT  
4502  
City-State-Zip: MIAMI FL 33132

Title S  
Name FOLK, SHAWN  
Address 1100 BISCAYNE BOULEVARD UNIT  
4502  
City-State-Zip: MIAMI FL 33132

Title T  
Name FOLK, SHAWN  
Address 1100 BISCAYNE BOULEVARD UNIT  
4502  
City-State-Zip: MIAMI FL 33132

*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: SHAWN FOLK**

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date