

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004841

**Entity Name:** CONDUENT CARE MANAGEMENT, INC.**Current Principal Place of Business:**4801 E BROADWAY BLVD, SUITE 335  
TUCSON, AZ 85711**Current Mailing Address:**2828 N HASKELL AVE  
BLDG 1 FL 9  
DALLAS, TX 75204 US**FEI Number: 75-2751324****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           | DIRECTOR         |
| Name            | WALSH, BRIAN J   |
| Address         | 45 GLOVER AVE    |
| City-State-Zip: | NORWALK CT 06856 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | VSD                              |
| Name            | PEFFER, J. MICHAEL               |
| Address         | 2828 N HASKELL AVE, BLDG 1 FL 10 |
| City-State-Zip: | DALLAS TX 75204                  |

|                 |                    |
|-----------------|--------------------|
| Title           | P                  |
| Name            | HARVEY, CONNIE     |
| Address         | 101 YORKSHIRE BLVD |
| City-State-Zip: | LEXINGTON KY 40509 |

|                 |                  |
|-----------------|------------------|
| Title           | T                |
| Name            | PHILIP, ROHIT    |
| Address         | 45 GLOVER AVENUE |
| City-State-Zip: | NORWALK CT 06856 |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | VAS                               |
| Name            | GROSSMAN, STEPHANIE               |
| Address         | 2828 N HASKELL AVE, BLDG 1, FL-10 |
| City-State-Zip: | DALLAS TX 75204                   |

*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: J. MICHAEL PEFFER****DIRECTOR****05/03/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date