

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005983

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC3531237415**

**Entity Name:** CORRECTCARE-INTEGRATED HEALTH, INC.

**Current Principal Place of Business:**

366 SOUTH BROADWAY  
LEXINGTON, KY 40508

**Current Mailing Address:**

366 SOUTH BROADWAY  
LEXINGTON, KY 40508

**FEI Number: 31-1491074**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            BAXTER, ANTHONY Q  
Address        154 EAST BELL COURT  
City-State-Zip: LEXINGTON KY 40508

Title            CHAI  
Name            HELLEBUSCH, ARTHUR A  
Address        134 HAMILTON PARK  
City-State-Zip: LEXINGTON KY 40504

Title            PRES  
Name            GOINS, LINDA  
Address        460 SHADY LANE  
City-State-Zip: MIDWAY KY 40347

Title            ST  
Name            KAHLER, JENNIFER M  
Address        2087 SUGAR CREEK PIKE  
City-State-Zip: NICHOLASVILLE KY 40356

Title            D  
Name            BAXTER, ANTHONY Q  
Address        154 E BELL COURT  
City-State-Zip: LEXINGTON KY 40508

Title            CFO  
Name            BURKHARDT, JIM  
Address        391 WINDOM LANE  
City-State-Zip: NICHOLASVILLE KY 40356

Title            CIO  
Name            HALL, ARTHUR LEROY III  
Address        956 DARDA COURT  
City-State-Zip: LEXINGTON KY 40515

*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: JENNIFER M. KAHLER**

**SECRETARY/TREASURER 02/11/2015**

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

\_\_\_\_\_  
Date