

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005983

Entity Name: CORRECTCARE-INTEGRATED HEALTH, INC.

Current Principal Place of Business:

1218 SOUTH BROADWAY
SUITE 250
LEXINGTON, KY 40504

Current Mailing Address:

1218 SOUTH BROADWAY
SUITE 250
LEXINGTON, KY 40504 US

FEI Number: 31-1491074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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 400 OLD VERSAILLES ROAD
City-State-Zip: FRANKFORT KY 40601

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

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 01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date