

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 19, 2013
Secretary of State
CC2812478623

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

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 02/19/2013

Electronic Signature of Signing Officer/Director Detail

Date