

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000903

**Entity Name:** MANAGED CARE/GALAXY HEALTH NETWORK, INC.

**Current Principal Place of Business:**

631 106TH STREET  
ARLINGTON, TX 76011

**Current Mailing Address:**

631 106TH STREET  
ARLINGTON, TX 76011

**FEI Number:** 75-2546575

**Certificate of Status Desired:** Yes

**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 SD  
Name PARKS, JENNIFER  
Address 631 106TH STREET  
City-State-Zip: ARLINGTON TX 76011

Title D  
Name SHANE, WENDY  
Address 631 106TH STREET  
City-State-Zip: ARLINGTON TX 76011

Title D  
Name SHADLE, BRIDGET  
Address 631 106TH STREET  
City-State-Zip: ARLINGTON TX 76011

Title P  
Name SHANE, P J  
Address 631 106TH STREET  
City-State-Zip: ARLINGTON TX 76011

Title V  
Name SHADLE, DAN  
Address 631 106TH STREET  
City-State-Zip: ARLINGTON TX 76011

*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:** DAN SHADLE

**CFO**

**01/08/2014**

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

\_\_\_\_\_  
Date