#### 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000903

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

FILED
Jan 12, 2015
Secretary of State
CC7357284289

### **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: 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 SD Title

 Name
 PARKS, JENNIFER
 Name
 SHANE, WENDY

 Address
 631 106TH STREET
 Address
 631 106TH STREET

 City-State-Zip:
 ARLINGTON TX 76011
 City-State-Zip:
 ARLINGTON TX 76011

City-State-Zip: ARLINGTON TX 76011 City-State-Zip: ARLINGTON TX

Title D Title P

Name SHADLE, BRIDGET Name SHANE, P J

Address 631 106TH STREET Address 631 106TH STREET

City-State-Zip: ARLINGTON TX 76011 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 01/12/2015