

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003798

Entity Name: ROCHE HEALTH SOLUTIONS INC.**Current Principal Place of Business:**10301 KINCAID DRIVE
FISHERS, IN 46037**Current Mailing Address:**9115 HAGUE ROAD
ATTENTION: TAX DEPT
INDIANAPOLIS, IN 46256 US**FEI Number:** 41-1694999**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	DIRECTOR
Name	GIBELEY, MARC
Address	9115 HAGUE RD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	DIRECTOR
Name	HUBBARD, SCOTT E
Address	9115 HAGUE RD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	ASST. SECRETARY
Name	OLDHAM, STEVE A
Address	9115 HAGUE RD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	TREASURER
Name	WILSON, SCOTT
Address	9115 HAGUE RD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	SECRETARY
Name	GAGEL, LYNN M
Address	9115 HAGUE ROAD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	VP
Name	BARNES, DAVID W
Address	10301 KINCAID DRIVE
City-State-Zip:	FISHERS IN 46037

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: SCOTT WILSON**TREASURER****03/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date