

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002819

FILED
Mar 18, 2009
Secretary of State

Entity Name: KANAWHA HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

4363 NORTH OCOEE ST
STE 1
CLEVELAND, TN 37312

New Principal Place of Business:

Current Mailing Address:

ADMINISTRATIVE ADDRESS
210 SOUTH WHITE ST
LANCASTER, SC 29720

New Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201-742

FEI Number: 62-1245230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MCCALLIESTER, MICHAEL BM
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: CEO () Delete
Name: VAUGHAN, R. DALE
Address: 210 SOUTH WHITE STREET
City-St-Zip: LANCASTER, SC 297210610

Title: VT () Delete
Name: MATTHEWS, ROBERT E
Address: 210 SOUTH WHITE STREET
City-St-Zip: LANCASTER, SC 297210610

Title: CEO () Delete
Name: KUK, KENNETH U
Address: 12600 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: SVP () Delete
Name: BLOEM, JAMES H
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BAUERNFEIND, GEORGE
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: S (X) Change () Addition
Name: LENAHA, JOAN O
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: CFOT (X) Change () Addition
Name: BLOEM, JAMES H
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date