

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001641

FILED  
May 21, 2010  
Secretary of State

Entity Name: CHC HEALTH CARE, INC.

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE, SUITE 900  
BETHESDA, MD 20817

**New Principal Place of Business:**

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE, SUITE 900  
BETHESDA, MD 20817

**New Mailing Address:**

FEI Number: 52-2073000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WISE, ALLEN F  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: D  
Name: ACKERMAN, JOEL  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: SV  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: V  
Name: CRANDALL, DALE L  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: D  
Name: WOLF, DALE B  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: V  
Name: PATRISHA, DAVID L  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BEHTESDA, MD 20817

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: SHIRLEY R. SMITH

SEC

05/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date