

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005282

Entity Name: MIDAMERICA HEALTH INC

FILED  
Apr 10, 2008  
Secretary of State

## Current Principal Place of Business:

55 S. STATE AVE.  
3G2  
INDIANAPOLIS, IN 46201

## New Principal Place of Business:

## Current Mailing Address:

55 S. STATE AVENUE  
3G2  
INDIANAPOLIS, IN 46201

## New Mailing Address:

FEI Number: 35-1681811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: MATHEWS, WILLIAM  
Address: 89 N. DEARBORN  
City-St-Zip: INDIANAPOLIS, IN 46201

Title: DST ( ) Delete  
Name: MATHEWS, JACQUELINE J  
Address: 89 N. DEARBORN  
City-St-Zip: INDIANAPOLIS, IN 46201

Title: DVP ( ) Delete  
Name: MURPHY, PATRICK M  
Address: 5857 S. 125 WEST  
City-St-Zip: TRAFALGAR, IN 46181

Title: VP ( ) Delete  
Name: LOPEZ, JOSE C VP  
Address: 55 S. STATE AVE. SUITE 3G2  
City-St-Zip: INDIANAPOLIS, IN 46201

Title: VP ( ) Delete  
Name: MURPHY, PATRICK M VP  
Address: 55 S. STATE AVE. SUITE 3G2  
City-St-Zip: INDIANAPOLIS, IN 46201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: MATHEWS, WILLIAM R  
Address: 89 N. DEARBORN  
City-St-Zip: INDIANAPOLIS, IN 46201

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

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

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

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

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: WILLIAM MATHEWS

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date