2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005282

Entity Name: MIDAMERICA HEALTH INC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
55 S. STATE AVE.				1499 WINDHORST WAY				
3G2 INDIANAPOLIS, IN 46201				100 GREENWOOD, IN 46143				
Current Mailing Address:				New Mailing Address:				
55 S. STATE AVENUE				1499 WINDHORST WAY				
3G2 INDIANAPOLIS, IN 46201				100 GREENWOOD, IN 46143				
FEI Number: 35-1681811 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New 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								
		Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CP () E MATHEWS, WILL 89 N. DEARBORI INDIANAPOLIS, I	N		Title: Name: Address: City-St-Zip:	MATHEWS, WII	RST WAY, SUITE 100		
Title: Name: Address: City-St-Zip:	DST () E MATHEWS, JACO 89 N. DEARBORI INDIANAPOLIS, I	N		Title: Name: Address: City-St-Zip:	MATHEWS, JAC	RST WAY, SUITE 100		
Title: Name: Address: City-St-Zip:	DVP ()E MURPHY, PATRI 5857 S. 125 WES TRAFALGAR, IN	ST		Title: Name: Address: City-St-Zip:	MURPHY, PATE	RST WAY, SUITE 100		
Title: Name: Address: City-St-Zip:	VP () E LOPEZ, JOSE C 55 S. STATE AVE INDIANAPOLIS, I	E. SUITE 3G2		Title: Name: Address: City-St-Zip:	LOPEZ, JOSE (RST WAY, SUITE 100		
Title: Name: Address: City-St-Zip:	VP () E MURPHY, PATRI 55 S. STATE AVE INDIANAPOLIS, I	E. SUITE 3G2		Title: Name: Address: City-St-Zip:	MURPHY, PATE	RST WAY, SUITE 100		
Title: Name: Address: City-St-Zip:	() [Delete		Title: Name: Address: City-St-Zip:	JARVIS, MICHA	RST WAY, SUITE 100		

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 R. MATHEWS CP 04/14/2009