

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006078

Entity Name: MERITAIN HEALTH, INC.

FILED  
Mar 22, 2012  
Secretary of State

**Current Principal Place of Business:**

300 CORPORATE PARKWAY  
AMHERST, NY 14226

**New Principal Place of Business:**

**Current Mailing Address:**

300 CORPORATE PARKWAY  
AMHERST, NY 14226

**New Mailing Address:**

151 FARMINGTON AVENUE  
RT65  
HARTFORD, CT 06156

FEI Number: 16-1264154

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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SCHMIDT, MARK W  
Address: 13860 BALLANTYNE CORPORATE PLACE  
City-St-Zip: CHARLOTTE, NC 28277

Title: VPS  
Name: BALOGH, ANDREA  
Address: 300 CORPORATE PARKWAY  
City-St-Zip: AMHERST, NY 14226

Title: VPAS  
Name: LEE, EDWARD C  
Address: 151 FARMINGTON AVENUE  
City-St-Zip: HARTFORD, CT 06156

Title: CFO  
Name: DIMURA, VINCENT  
Address: 300 CORPORATE PARKWAY  
City-St-Zip: AMHERST, NY 14226

Title: VP  
Name: BELLIZZI, JERRY J  
Address: 151 FARMINGTON AVENUE  
City-St-Zip: HARTFORD, CT 06156

Title: VPT  
Name: COFRANCESCO, ELAINE R  
Address: 151 FARMINGTON AVENUE  
City-St-Zip: HARTFORD, CT 06156

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: EDWARD C. LEE

VPAS

03/22/2012

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

\_\_\_\_\_  
Date