

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006787

FILED
Jan 07, 2008
Secretary of State

Entity Name: TMG HEALTH, INC.

Current Principal Place of Business:

150 S. WARNER ROAD, SUITE 400
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

150 S. WARNER ROAD, SUITE 400
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 23-2964972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

C T CORPORATION SYSTEM
1203 GOVERNOR SQUARE BLVD
SUITE 101
TALLAHASSEE, 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:

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIGHE, JOHN T
Address: 150 S WARNER ROAD, SUITE 400
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: TS () Delete
Name: VINICK, ALAN W
Address: 150 S. WARNER RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D () Delete
Name: FARMANFARMAIN, SALMAN
Address: 1220 LIBERTY RIDGE DR., SUITE 300
City-St-Zip: WAYNE, PA 19406

Title: D () Delete
Name: MURPHY, BRIAN G
Address: 500 NORTH GULF ROAD SUITE 500
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CHURCHILL, WINSTON J
Address: 1220 LIBERTY RIDGE DR., SUITE 300
City-St-Zip: WAYNE, PA 19086

Title: D (X) Change () Addition
Name: MURPHY, BRIAN G
Address: 555 E LANCASTER AVE, SUITE 520
City-St-Zip: RADNOR, PA 19087

Title: D () Change (X) Addition
Name: CAROLIN, ROGER
Address: 1220 LIBERTY RIDGE DR
City-St-Zip: WAYNE, PA 19086 PA

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: ALAN VINICK

TS

01/07/2008

Electronic Signature of Signing Officer or Director

Date