

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006787

FILED
Feb 15, 2011
Secretary of State

Entity Name: TMG HEALTH, INC.

Current Principal Place of Business:

455 SOUTH GULPH RD
SUITE 307
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

455 SOUTH GULPH RD., SUITE 307
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 23-2964972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1203 GOVERNOR SQUARE BLVD
SUITE 101
TALLAHASSEE, 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: PD
Name: TIGHE, JOHN T
Address: 455 S. GULPH ROAD, STE 307
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T
Name: ROCK, STEVEN E
Address: 455 S. GULPH ROAD, STE 307
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D
Name: KADELA, JAMES L
Address: 300 E RANDOLPH
City-St-Zip: CHICAGO, IL 60601

Title: D
Name: JAMES, WALSH J
Address: 300 E RANDOLPH
City-St-Zip: CHICAGO, IL 60601

Title: D
Name: HEDBERG, BRIAN R
Address: 300 E. RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

Title: D
Name: BUJAK, DENISE A
Address: 300 E. RANDOLPH STREET
City-St-Zip: RICHARDSON, TX 60601

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: JOHN T TIGHE

CEO

02/15/2011

Electronic Signature of Signing Officer or Director

Date