2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# F04000006787

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
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: STEVE, MALLON
Address: 300 E. RANDOLPH STREET
City-St-Zip: CHICAGO, IL 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: STEVEN ROCK T 02/07/2012

Electronic Signature of Signing Officer or Director — Date