

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007247

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRIC HEALTH RESOURCES, INC.

Current Principal Place of Business:

17877 CHESTERFIELD AIRPORT ROAD
CHESTERFIELD, MO 63005

New Principal Place of Business:

Current Mailing Address:

17877 CHESTERFIELD AIRPORT ROAD
CHESTERFIELD, MO 63005

New Mailing Address:

FEI Number: 01-0845082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEPHART, CRAIG
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: VP () Delete
Name: CANTWELL, JAMES
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: S () Delete
Name: HURTWITZ, STEPHEN
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: T () Delete
Name: GREENBERG, BRUCE
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: COO () Delete
Name: HEFLEY, MICHELLE
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: CFO () Delete
Name: GLASCOTT, LAWRENCE
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FIELDER, JOHN
Address: 17877 CHESTERFIELD AIRPORT ROAD
City-St-Zip: CHESTERFIELD, MO 63005

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

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

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

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

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: LAWRENCE GLASCOTT

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date