

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000201

FILED
May 01, 2007
Secretary of State

Entity Name: SHPS HEALTH MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

11405 BLUEGRASS PKWY
LOUISVILLE, KY 40299

New Principal Place of Business:

9305 E. VIA DE VENTURA
SCOTTSDALE, AZ 85258

Current Mailing Address:

11405 BLUEGRASS PKWY
LOUISVILLE, KY 40299

New Mailing Address:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40222

FEI Number: 95-3999237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSON, DAVID A
Address: 11405 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

Title: DV () Delete
Name: RYLAND, MERLE A
Address: 11405 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

Title: DS () Delete
Name: HAICK, DAVID P
Address: 11405 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEHROTRA, RISHABH
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

Title: T (X) Change () Addition
Name: MCCARTY, JOHN W
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

Title: DS (X) Change () Addition
Name: HAICK, DAVID P
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

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: DAVID P. HAICK

DS

05/01/2007

Electronic Signature of Signing Officer or Director

Date