2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000201

Entity Name: SHPS HEALTH MANAGEMENT SOLUTIONS, INC.

FILED Apr 14, 2008 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place of Business: | |
|---|-----------------------------------|-------------------------------------|--|--------------------------------------|
| | A DE VENTUR DALE, AZ 8525 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| SUITE 700 | LBYVILLE RO/) LE, KY 40222 | AD | | |
| FEI Number | : 95-3999237 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 2731 EXE | CUTIVE PARK | D AGENTS, INC. DRIVE STE 4 US | | |
| | named entity e e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, |
| SIGNATUI | RE: | | | |
| | Electror | ic Signature of Registered Ac | gent | Date |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MEHROTRA, R | ILLE ROAD, SUITE 700 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MCCARTY, JO | ILLE ROAD, SUITE 700 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | DS () HAICK, DAVID | Delete P | Title: Name: | () Change () Addition |

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.

Address:

City-St-Zip:

SIGNATURE: DAVID P. HAICK SEC 04/14/2008

9200 SHELBYVILLE ROAD, SUITE 700

LOUISVILLE, KY 40222

Address: City-St-Zip: