

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000201

Entity Name: CAREWISE HEALTH, INC.

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

9305 E. VIA DE VENTURA
SCOTTSDALE, AZ 85258

New Principal Place of Business:

Current Mailing Address:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40222

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: T
Name: WEAR, BRADLEY S
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

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

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: DAVID P. HAICK

SEC

04/20/2011

Electronic Signature of Signing Officer or Director

Date