2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# F08000000870

Entity Name: NURTUR HEALTH, INC.

Current Principal Place of Business:

20 BATTERSON PARK ROAD
FARMINGTON, CT 06032

New Principal Place of Business:

Current Mailing Address:

7711 CARONDELOT AVENUE
SUITE 800
ST. LOUIS, MO 63105

New Mailing Address:

FEI Number: 06-1476380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CAVE, DAN
Address: 20 BATTERSON PARK ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: VD ( ) Delete
Name: SCHEFFEL, WILLIAM N
Address: 7711 CARONDELET AVENUE #800
City-St-Zip: CLAYTON, MO 63105

Title: SD ( ) Delete
Name: WILLIAMSON, KEITH H
Address: 7711 CARONDELET AVENUE #800
City-St-Zip: CLAYTON, MO 63105

Title: AS ( ) Delete
Name: BRADLEY-WELLS, KATHY
Address: 1150 CONNECTICUT AVENUE NW #1000
City-St-Zip: WASHINGTON, DC 20036

Title: T ( ) Delete
Name: BUTTS, BRIAN
Address: 7711 CARONDELET AVENUE #800
City-St-Zip: CLAYTON, MO 63105

Title: D ( ) Delete
Name: DINKELMAN, TRICIA
Address: 7711 CARONDELET AVENUE #800
City-St-Zip: CLAYTON, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SCHEFFEL, WILLIAM N
Address: 7711 CARONDELET AVENUE #800
City-St-Zip: CLAYTON, MO 63105

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: TRICIA DINKELMAN DIR 01/19/2009

Electronic Signature of Signing Officer or Director — Date