

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004309

Entity Name: CARE CONTINUUM, INC.

FILED
Apr 28, 2011
Secretary of State

Current Principal Place of Business:

ONE EXPRESS WAY
ST LOUIS, MO 63121

New Principal Place of Business:

1700 EASTPOINT PARKWAY
SUITE 50
LOUISVILLE, KY 40223

Current Mailing Address:

ONE EXPRESS WAY
ST LOUIS, MO 63121

New Mailing Address:

1700 EASTPOINT PARKWAY
SUITE 50
LOUISVILLE, KY 40223

FEI Number: 61-1162797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PT
Name: HALL, JEFFREY
Address: ONE EXPRESS WAY
City-St-Zip: ST LOUIS, MO 63121

Title: VPD
Name: EBLING, KEITH
Address: ONE EXPRESS WAY
City-St-Zip: ST LOUIS, MO 63121

Title: AS
Name: NAEGER, JEFFREY
Address: ONE EXPRESS WAY
City-St-Zip: ST LOUIS, MO 63121

Title: S
Name: AKINS, MARTIN P
Address: ONE EXPRESS WAY
City-St-Zip: ST LOUIS, MO 63121

Title: AS
Name: ELLIOTT, KELLEY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: AS
Name: MCGINNIS, CHRIS
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

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: JEFFREY NAEGER

AS

04/28/2011

Electronic Signature of Signing Officer or Director

Date