

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003686

FILED
Apr 06, 2011
Secretary of State

Entity Name: CURASPAN HEALTH GROUP, INC.

Current Principal Place of Business:

ONE GATEWAY CENTER
SUITE 850
NEWTON, MA 02458

New Principal Place of Business:

ONE GATEWAY CENTER, 300 WASHINGTON ST.
SUITE 850
NEWTON, MA 02458

Current Mailing Address:

ONE GATEWAY CENTER
SUITE 850
NEWTON, MA 02458

New Mailing Address:

ONE GATEWAY CENTER, 300 WASHINGTON ST.
SUITE 850
NEWTON, MA 02458

FEI Number: 52-2176762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD
Name: FERRY, THOMAS R
Address: ONE GATEWAY CENTER, SUITE 850
City-St-Zip: NEWTON, MA 02458

Title: TD
Name: MANNING, KENNETH H
Address: ONE GATEWAY CENTER, SUITE 850
City-St-Zip: NEWTON, MA 02458

Title: SD
Name: BROWN, DAVID J
Address: % TWO INTERNATIONAL PLACE
City-St-Zip: BOSTON, MA 02110

Title: D
Name: O'BRIEN, JOHN J
Address: C/O O'BRIEN PARTNERS, 40 E 81ST ST. STE 50
City-St-Zip: NEW YORK, NY 10028

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: KENNETH H. MANNING

TREA

04/06/2011

Electronic Signature of Signing Officer or Director

Date