## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F11000003888

Entity Name: COMMUNITY CARE HEALTH NETWORK, INC.

FILED Jul 03, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9201 E MOUNTAIN VIEW RD SUITE 220 SCOTTSDALE, AZ 85258

Current Mailing Address: New Mailing Address:

9201 E MOUNTAIN VIEW RD SUITE 220 SCOTTSDALE, AZ 85258

FEI Number: 06-1599810 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:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

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: QUILTY, MICHAEL

Address: 9201 E. MOUNTAIN VIEW, STE 220

City-St-Zip: SCOTTSDALE, AZ 85258

Title: S

Name: HOPKINS, JOHN

Address: 9201 E MOUNTAIN VIEW RD SUITE 220

City-St-Zip: SCOTTSDALE, AZ 85258

Title: D

 Name:
 HARPER, RYAN E

 Address:
 320 PARK AVE, STE 2500

 City-St-Zip:
 NEW YORK, NY 10022

Title: [

 Name:
 SCULLY, THOMAS

 Address:
 320 PARK AVE, STE 2500

 City-St-Zip:
 NEW YORK, NY 10022

Title:

 Name:
 TOMAINO, MARK M

 Address:
 320 PARK AVE, STE 2500

 City-St-Zip:
 NEW YORK, NY 10022

Title:

 Name:
 DONOVAN, MICHAEL E

 Address:
 320 PARK AVE, STE 2500

 City-St-Zip:
 NEW YORK, NY 10022

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: JOHN HOPKINS S 07/03/2012