2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# F11000005208

Entity Name: ABM HEALTH, INC.

Current Principal Place of Business:

325 HOPPING BROOK
HOLLISTON, MA 21046

New Principal Place of Business:

325 HOPPING BROOK
HOLLISTON, MA 01746 US

Current Mailing Address:

325 HOPPING BROOK
HOLLISTON, MA 21046

New Mailing Address:

325 HOPPING BROOK
HOLLISTON, MA 01746 US

FEI Number: 04-2746437 **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

OFFICERS AND DIRECTORS:

Title: VP
Name: AVANT, ROBERT G
Address: 8101 W. SAM HOUSTON PKWY S., STE 150
City-St-Zip: HOUSTON, TX 77072 US

Title: S
Name: MCCONNELL, SARAH H
Address: 551 FIFTH AVE, STE 300
City-St-Zip: NEW YORK, NY 10176 US

Title: P
Name: GLACOBBLE, SCOTT
Address: 1005 WINDWARD RIDGE PKWY
City-St-Zip: ALPHARETTA, GA 30005 US

Title: D
Name: LUSK, JAMES S
Address: 551 FIFTH AVE, STE 300
City-St-Zip: NEW YORK, NY 10176 US

Title: T
Name: SCAGLIONE, DIEGO ANTHONY
Address: 325 HOPPING BROOK
City-St-Zip: HOLLISTON, MA 01746 US

Title: D
Name: PRICE, TRACY
Address: 152 TECHNOLOGY DR
City-St-Zip: IRVINE, CA 92618 US

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: LAURA LOUIS POA 04/17/2012

Electronic Signature of Signing Officer or Director — Date