

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002738

Entity Name: KEANE CARE, INC.

FILED
Apr 11, 2011
Secretary of State

Current Principal Place of Business:

8383 158TH AVENUE N.E.
SUITE 100
REDMOND, WA 98052

New Principal Place of Business:

100 CITY SQUARE
ATTN: TAX DEPT.
BOSTON, MA 02129

Current Mailing Address:

100 CITY SQUARE
ATTN: TAX DEPT.
BOSTON, MA 02129

New Mailing Address:

FEI Number: 91-0851994 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: PCEO
Name: MCCAIN, JOHN W
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: DV
Name: MOUCHAWAR, MARV
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: S
Name: DICK, JOHN M
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: T
Name: WHELAN, LAWRENCE D
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: V
Name: THOMAS, MICHAEL
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: AT
Name: NADEL, RICHARD
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

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: RICHARD NADEL

AT

04/11/2011

Electronic Signature of Signing Officer or Director

Date