
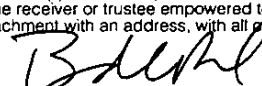


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90205 030 ***150.00

DOCUMENT # F98000000386 1. Entity Name CORA HEALTH SERVICES, INC.					
Principal Place of Business 1110 SHAWNEE RD. LIMA, OH 45805			Mailing Address P.O. BOX 150 LIMA, OH 45802		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 34-1853567				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YADLEY, GREGORY C ESQ. 101 EAST KENNEDY BLVD., #2800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BORRA, PIER C <input type="checkbox"/> Delete 1110 SHAWNEE RD LIMA, OH 45802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President of Business <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian L. Barth 1110 Shawnee Road Lima, OH 45805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DENNIS R <input type="checkbox"/> Delete 1110 SHAWNEE RD. LIMA, OH 45805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Information <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond J. Moody 1110 Shawnee Road Lima, OH 45805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Senior Vice President <input type="checkbox"/> Delete ROUSH, BRAD C 1110 SHAWNEE ROAD LIMA, OH 45802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Central FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sally S. Darlin 1110 Shawnee Road Lima, OH 45805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete CONLEY, VERONICA L 1110 SHAWNEE ROAD LIMA, OH 45805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President South Florida <input type="checkbox"/> Change <input type="checkbox"/> Addition Teresa K. Glynn 1110 Shawnee Road Lima, OH 45805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete MURPHY, DAVID M 1110 SHAWNEE ROAD LIMA, OH 45805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Operations <input type="checkbox"/> Change <input type="checkbox"/> Addition Justin A. Borra 1110 Shawnee Road Lima, OH 45805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BAIR, ROBERT J 1110 SHAWNEE ROAD LIMA, OH 45805		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 1/2/2008 Daytime Phone #: 414/221-6712		