2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# F98000000386

Entity Name: CORA HEALTH SERVICES, INC.

Current Principal Place of Business:

1110 SHAWNEE RD.
LIMA, OH 45805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150
LIMA, OH 45802

New Mailing Address:

FEI Number: 34-1853567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YADLEY, GREGORY C ESQ.
101 EAST KENNEDY BLVD., #2800
TAMPA, FL 33602 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: CD
Name: BORRA, PIER C
Address: 1110 SHAWNEE RD
City-St-Zip: LIMA, OH 45802

Title: P
Name: SMITH, DENNIS R
Address: 1110 SHAWNEE RD.
City-St-Zip: LIMA, OH 45805

Title: EXVP
Name: ROUSH, BRAD C
Address: 1110 SHAWNEE ROAD
City-St-Zip: LIMA, OH 45802

Title: SVPO
Name: SALLY, DARLIN S
Address: 1110 SHAWNEE ROAD
City-St-Zip: LIMA, OH 45805

Title: SVPO
Name: JUSTIN, BORRA A
Address: 1110 SHAWNEE RD
City-St-Zip: LIMA, OH 45805

Title: VP
Name: KESSEM, WINGER M
Address: 1110 SHAWNEE RD
City-St-Zip: LIMA, OH 45805

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: BRAD C. ROUSH EXVP 02/15/2011

Electronic Signature of Signing Officer or Director — Date