2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2010
Secretary of State

DOCUMENT# F98000005505

Entity Name: CARECENTRIX, INC.

Current Principal Place of Business:

3 HUNTINGTON QUADRANGLE, 2 SO.
MELVILLE, NY 117478943

New Principal Place of Business:

3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE, NY 11747

Current Mailing Address:

3 HUNTINGTON QUADRANGLE, 2 SO.
MELVILLE, NY 117478943

New Mailing Address:

3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE, NY 11747

FEI Number: 11-3454103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST 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: CEO
Name: REIMER, ERIC S
Address: 323 PITKIN ST.111 FOUNDERS PLAZA,STE.1003
City-St-Zip: EAST HARTFORD, CT 06108

Title: CFO
Name: BOELSEN, THOMAS M
Address: 3 HUNTINGTON QUADRANGLE, SUITE 200S
City-St-Zip: MELVILLE, NY 11747

Title: TREA
Name: BOELSEN, THOMAS M
Address: 3 HUNTINGTON QUADRANGLE, SUITE 200S
City-St-Zip: MELVILLE, NY 11747

Title: SEC
Name: GILLIGAN, ALLISON K
Address: 323 PITKIN ST.111 FOUNDERS PLAZA STE.1600
City-St-Zip: EAST HARTFORD, CT 06108

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: THOMAS M. BOELSEN CFO 08/31/2010

Electronic Signature of Signing Officer or Director — Date