2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# P05000077744

Entity Name: MEDSOLUTIONS CARE, INC.

Current Principal Place of Business:

14255 49TH ST.,N., STE 301
CLEARWATER, FL 33762

New Principal Place of Business:

1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234

Current Mailing Address:

P.O. BOX 17741
CLEARWATER, FL 33762

New Mailing Address:

1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234

FEI Number: 20-2931766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: PD
Name: ALLISON, R. DIRK
Address: 1505 LBJ FREEWAY, SUITE 600
City-St-Zip: FARMERS BRANCH, TX 75234

Title: SD
Name: NAPIER, JONATHAN
Address: 1505 LBJ FREEWAY, SUITE 600
City-St-Zip: FARMERS BRANCH, TX 75234

Title: TD
Name: SICURO, MICHAEL
Address: 1505 LBJ FREEWAY, SUITE 600
City-St-Zip: FARMERS BRANCH, TX 75234

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: /S/ JONATHAN NAPIER SECR 02/03/2012

Electronic Signature of Signing Officer or Director — Date