2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000036568

Entity Name: RECOVER HEALTH, INC.

FILED May 03, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6800 FRANCE AVE., SOUTH 5900 GREEN OAK DRIVE

SUITE 500 SUITE 200

MINNEAPOLIS, MN 55435 US MINNETONKA, MN 55343 US

Current Mailing Address: New Mailing Address:

6800 FRANCE AVE., SOUTH 5900 GREEN OAK DRIVE

SUITE 500 SUITE 200

MINNEAPOLIS, MN 55435 US MINNETONKA, MN 55343 US

FEI Number: 26-4766093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOLEOS, DANIEL J 8211 W. BROWARD BOULEVARD SUITE PH4 FORT LAUDERDALE, FL 33324 US

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: DANIEL J KOLEOS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P.D.

Name: ARX, GREG V

Address: 8211 W. BROWARD BOULEVARD SUITE PH4

City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: SECR

Name: WALSETH, DANIEL

Address: 8211 W. BROWARD BOULEVARD SUITE PH4

City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: T,D

Name: LERUM, STEPHEN

Address: 8211 W. BROWARD BOULEVARD SUITE PH4

City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: DIRE

Name: HAYS, JAMES

Address: 8211 W. BROWARD BOULEVARD SUITE PH4

City-St-Zip: FORT LAUDERDALE, FL 33324 US

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: GREG VON ARX P,D 05/03/2011