

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000080687

Entity Name: CARE LOGIC, INC.

FILED
Apr 12, 2012
Secretary of State

Current Principal Place of Business:

14041 A NORTH DALE MABRY HWY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

5300 HOLLISTER SUITE 400
HOUSTON, TX 77040 US

New Mailing Address:

FEI Number: 27-0995813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BREAUX, KRAIG
14041 A NORTH DALE MABRY HWY
TAMPA, FL 33618 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: P
Name: SCHAFFER, CHRISTOPHER
Address: 5300 HOLLISTER, SUITE 400
City-St-Zip: HOUSTON, TX 77040 US

Title: VP
Name: HORD, JEFF
Address: 5300 HOLLISTER, SUITE 400
City-St-Zip: HOUSTON, TX 77040 US

Title: T
Name: HIMES, LESLIE
Address: 5300 HOLLISTER, SUITE 400
City-St-Zip: HOUSTON, TX 77040 US

Title: SEC
Name: ABERCROMBIE, MONICA
Address: 5300 HOLLISTER, SUITE 400
City-St-Zip: HOUSTON, TX 77040 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: LESLIE HIMES

TREA

04/12/2012

Electronic Signature of Signing Officer or Director

Date