

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000093745

**FILED**  
**Nov 21, 2012**  
**Secretary of State**

**Entity Name:** COMPLEX CLINICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

1665 PALM BEACH LAKE BLVD  
STE 540  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

845 THIRD AVENUE, 7TH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

500 W. MAIN STREET  
LAW DEPARTMENT  
LOUISVILLE, KY 40202

**FEI Number:** 45-3713941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STRET  
TALLAHASSEE, FL 32301 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: SHERYL GIBBS, AVP CSC

11/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MURRAY, JAMES E  
Address: 500 W. MAIN STREET, C/O LAW DEPARTMENT  
City-St-Zip: LOUISVILLE, KY 40202

Title: PRES  
Name: BROUSSARD, BRUCE D  
Address: 500 W. MAIN STREET, C/O LAW DEPARTMENT  
City-St-Zip: LOUISVILLE, KY 40202

Title: CFO  
Name: BLOEM, JAMES H  
Address: 500 W. MAIN STREET, C/O LAW DEPARTMENT  
City-St-Zip: LOUISVILLE, KY 40202

Title: SEC  
Name: LENAHAAN, JOAN O  
Address: 500 W. MAIN STREET, C/O LAW DEPARTMENT  
City-St-Zip: LOUISVILLE, KY 40202

Title: VP  
Name: BAUERNFEIND, GEORGE G  
Address: 500 W. MAIN STREET, C/O TAX DEPARTMENT  
City-St-Zip: LOUISVILLE, KY 40202

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: JOAN O. LENAHAAN

SEC

11/21/2012

Electronic Signature of Signing Officer or Director

Date