2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P97000107149

Entity Name: SHPS, INC.

Current Principal Place of Business:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40222

New Principal Place of Business:

Current Mailing Address:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40299

New Mailing Address:

FEI Number: 59-3484556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. 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: PD
Name: MEHROTRA, RISHABH
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

Title: S
Name: HAICK, DAVID P
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

Title: D
Name: SCULLY, TOM
Address: 2915 KING ST
City-St-Zip: ALEXANDRIA, VA 22302

Title: CD
Name: MACKESY, D. SCOTT
Address: 320 PARK AVENUE, SUITE #2500
City-St-Zip: NEW YORK, NY 100226815

Title: D
Name: HOOPER, CHRIS
Address: 320 PARK AVENUE, SUITE #2500
City-St-Zip: NEW YORK, NY 100226815

Title: D
Name: LEE, ERIC
Address: 320 PARK AVENUE, SUITE 2500
City-St-Zip: NEW YORK, NY 10022

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: DAVID P. HAICK DS 04/25/2012

Electronic Signature of Signing Officer or Director Date