

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006787

**Entity Name:** TMG HEALTH, INC.**Current Principal Place of Business:**455 SOUTH GULPH RD  
SUITE 307  
KING OF PRUSSIA, PA 19406**Current Mailing Address:**455 SOUTH GULPH RD., SUITE 307  
KING OF PRUSSIA, PA 19406**FEI Number:** 23-2964972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
515 E. PARK AVENUE  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	TIGHE, JOHN T
Address	455 S. GULPH ROAD, STE 307
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	T
Name	WATSON, JAMES H
Address	455 S. GULPH ROAD, STE 307
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	D
Name	KADELA, JAMES L
Address	300 E RANDOLPH
City-State-Zip:	CHICAGO IL 60601

Title	D
Name	JAMES, WALSH J
Address	300 E RANDOLPH
City-State-Zip:	CHICAGO IL 60601

Title	D
Name	HEDBERG, BRIAN R
Address	300 E. RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

Title	D
Name	STEVE, MALLON
Address	300 E. RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

*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:** JOHN T TIGHE

PRESIDENT AND CEO

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date