

2016 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 RAWLINGS MOLINA, SUSAN E
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 BETTS, STEVEN
Address 300 E RANDOLPH
City-State-Zip: CHICAGO IL 60601

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

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

Title SECRETARY
Name WALSH, MICHAEL PATRICK
Address 455 S GULPH ROAD
SUITE 307
City-State-Zip: KING OF PRUSSIA PA 19406

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: MICHAEL WALSH**SECRETARY****01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date