## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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|---|---|------------------------------------|---------|
| Alison Lunder<br>Secretary<br>P. O. Bo<br>Frankfort, KY<br>(502) 56<br>http://www.s   | of State<br>x 1150<br>40602-1150<br>4-3490                                    | Annual Report<br>Online Filing     |         |
| Company:<br>Company ID:<br>State of origin:<br>Formation date:<br>Date filed:<br>Fee: | CLINICARE,<br>0430147<br>Kentucky<br>3/18/1997 12<br>5/9/2016 11:4<br>\$15.00 | :00:00 AM                          |         |
| Principal Office  |   | TED ST.                            |         |
| 201 PARK ST   |   |                                    |         |
| BOWLING GREE  | N. KY 42101   |                                    |         |
|   |   |                                    |         |
| Posistored Agen   | nt Name/Address   |                                    |         |
| STEVEN K. SINC  |   |                                    |         |
| 201 PARK ST   |   |                                    |         |
| BOWLING GREE  | N, KY 42101   |                                    |         |
|   |   |                                    |         |
| Current Officers  |   |                                    |         |
| President   | Paul Cofoid   | 201 Park Street, Bowling Green, KY | ( 42101 |
| Vice President  | Pippa Pinckley stewart  | 201 Park Street, Bowling Green, KY |         |
|   |   |                                    | × //    |
| Directors   |   | VIDE EAL/ASSA                      |         |
| Director  | Robert Emslie   | 201 Park Street, Bowling Green, KY | 42101   |
| Director  | Mark Bigler   | 201 Park Street, Bowling Green, KY |         |
| Director  | Donald Rauh   | 201 Park Street, Bowling Green, KY |         |
|   |   |                                    |         |
| Signatures  |   |                                    |         |
| Signature   | Stephanie Pr  | iddy                               |         |
| Title   | Accountant  |                                    |         |