

1.) CORPORATION NAME:

Care Net

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JEANNEANE MAXON

**44180 RIVERSIDE PARKWAY
SUITE 250**

LANSLOWNE, VA 20176

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

DUE DATE: **12/30/2010**

SCC ID NO: **F1125212**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44180 RIVERSIDE PARKWAY
STE. 200

CITY/ST/ZIP: LANSLOWNE, VA 20176-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DEBORAH FLORA
TITLE: DIRECTOR
ADDRESS: 8722 OAKDALE AVENUE
CITY/ST/ZIP/CO: NORTHRIDGE, CA 91324-

OFFICER DIRECTOR

NAME: MICHAEL MULVANEY
TITLE: DIRECTOR
ADDRESS: 1901 6TH AVE NORTH
AMSOUTH HARBERT PLAZA STE 2400
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203-

OFFICER DIRECTOR

NAME: CARL JEFFREY WRIGHT
TITLE: CHAIRMAN
ADDRESS: 44180 RIVERSIDE PARKWAY
STE. 200
CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-

OFFICER DIRECTOR

NAME: MELINDA DELAHOYDE
TITLE: PRESIDENT
ADDRESS: 44180 RIVERSIDE PARKWAY
STE 200
CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-

OFFICER DIRECTOR

NAME: MICHAEL A. CARNOCK TITLE: TREASURER ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC JENSEN TITLE: VICE CHAIRMAN ADDRESS: P O BOX 710510 CITY/ST/ZIP/CO: OAK HILL, VA 20171-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY J. LOWE TITLE: SECRETARY ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL JOHNSON TITLE: DIRECTOR ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN I. MAYNARD TITLE: DIRECTOR ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JONATHAN SAVAGE TITLE: DIRECTOR ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOY CROSBY TITLE: VICE PRESIDENT ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LAWRENCE BREEDEN TITLE: COO ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KRISTIN HANSEN TITLE: VICE PRESIDENT ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CYNTHIA HOPKINS TITLE: VICE PRESIDENT ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JEANNEANE MAXON TITLE: General Counsel ADDRESS: 44180 RIVERSIDE PARKWAY STE. 200 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JEANNEANE MAXON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JEANNEANE MAXON, General Counsel</u> PRINTED NAME AND CORPORATE TITLE	<u>12/3/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.