

1.) CORPORATION NAME:

**Harrington Health Services, Inc.**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1507294**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 770 BROOKSEdge PLAZA  
SUITE 780

CITY/ST/ZIP: WESTERVILLE, OH 43081

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:	JEFFERY W BAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3510 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	STEPHEN M SAFT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	GREGORY C FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	STEVEN V HULSLANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	KAREN MULROE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	ARTHUR T SCHULTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

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.

/s/ JEFFERY W BAK	JEFFERY W BAK, PRESIDENT	4/6/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.