

1.) CORPORATION NAME:

Crescent Healthcare, Inc.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1604869**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 98,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 WILMOT ROAD
MS 3301

CITY/ST/ZIP: DEERFIELD, IL 60015

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: | PAUL F. MASTRAPA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1417 LAKE COOK ROAD | | |
| CITY/ST/ZIP/CO: | DEERFIELD, IL 60015 | | |

| | | | |
|-----------------|---------------------|---|--|
| NAME: | LORI ZSITEK | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1417 LAKE COOK ROAD | | |
| CITY/ST/ZIP/CO: | DEERFIELD, IL 60015 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | JOHN MANN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 300 WILMOT ROAD | | |
| CITY/ST/ZIP/CO: | DEERFIELD, IL 60015 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | RICHARD STEINER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 108 WILMOT ROAD | | |
| CITY/ST/ZIP/CO: | DEERFIELD, IL 60015 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | MICHAEL FELISH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 300 WILMOT ROAD | | |
| | MS 3301 | | |
| CITY/ST/ZIP/CO: | DEERFIELD, IL 60015 | | |

| | | | |
|-----------------|---------------------|---|--|
| NAME: | ROBERT SILVERMAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 108 WILMOT ROAD | | |
| CITY/ST/ZIP/CO: | DEERFIELD, IL 60015 | | |

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/ MICHAEL FELISH | MICHAEL FELISH, TREASURER | 10/30/2014 |
| 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.