

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215502773

1.) CORPORATION NAME:

Nurtur Health, Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1737966**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7700 FORSYTH BOULEVARD
SUITE 800

CITY/ST/ZIP: ST. LOUIS, MO 63105

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.

| | | | | | |
|-----------------|------------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | DAN CAVE | | | | |
| TITLE: | PRESIDENT | | | | |
| ADDRESS: | 7700 FORSYTH BOULEVARD | | | | |
| | SUITE 800 | | | | |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63105 | | | | |

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|-----------------|------------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | WILLIAM N. SCHEFFEL | | | | |
| TITLE: | VICE PRESIDENT | | | | |
| ADDRESS: | 7700 FORSYTH BOULEVARD | | | | |
| | SUITE 800 | | | | |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63105 | | | | |

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|-----------------|------------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | TRICIA DINKELMAN | | | | |
| TITLE: | VP OF TAX | | | | |
| ADDRESS: | 7700 FORSYTH BOULEVARD | | | | |
| | SUITE 800 | | | | |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63105 | | | | |

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|-----------------|------------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | SARAH BAIOCCHI | | | | |
| TITLE: | TREASURER | | | | |
| ADDRESS: | 7700 FORSYTH BOULEVARD | | | | |
| | SUITE 800 | | | | |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63105 | | | | |

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|-----------------|------------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | KEITH H. WILLIAMSON | | | | |
| TITLE: | SECRETARY | | | | |
| ADDRESS: | 7700 FORSYTH BOULEVARD | | | | |
| | SUITE 800 | | | | |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63105 | | | | |

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/ TRICIA DINKELMAN | TRICIA DINKELMAN, VP OF TAX | 1/17/2015 |
| 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. | | |