

1.) CORPORATION NAME:

Health Care Excel, Incorporated

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL CORPORATE RESEARCH LTD

250 BROWNS HILL COURT

MIDLOTHIAN, VA 23114

DUE DATE: **10/31/2011**

SCC ID NO: **F1771387**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2629 WATERFRONT PKWY E DRIVE
STE 150

CITY/ST/ZIP: INDIANAPOLIS, IN 46214-

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: MARY KAPUR
TITLE: P/CEO
ADDRESS: 2629 WATERFRONT PKWY E DRIVE
STE 150-0022
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46214-

OFFICER

DIRECTOR

NAME: KIM COURTAD
TITLE: TREASURER
ADDRESS: 2629 WATERFRONT PKWY E DRIVE
#150
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46214-

OFFICER

DIRECTOR

NAME: CINDY BARTON
TITLE: SECRETARY
ADDRESS: 2629 WATERFRONT PKWY E DRIVE
#150
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46214-

OFFICER

DIRECTOR

NAME: WADE MOUNTZ
TITLE: DIRECTOR
ADDRESS: 2629 WATERFRONT PKWY E DRIVE
STE 150-0022
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46214-

OFFICER

DIRECTOR

NAME: JOY CASTERTON TITLE: CFO ADDRESS: 2629 WATERFRONT PKWY E DRIVE #150 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46214-	<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/ KIM COURTAD</u>	<u>KIM COURTAD, TREASURER</u>	<u>9/26/2011</u>
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.