

1.) CORPORATION NAME:

CAE Healthcare, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1771718**

GLEN ALLEN, VA 23060-6802

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: 6300 EDGELAKE DRIVE

CITY/ST/ZIP: SARASOTA, FL 34240-8817

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:	MICHAEL BERNSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6300 EDGELAKE DRIVE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-8817		

NAME:	THOMAS DOYLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 EDGELAKE DRIVE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-8817		

NAME:	MARCO GRIT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 EDGELAKE DRIVE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-8817		

NAME:	THERESA MITCHELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 EDGELAKE DRIVE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-8817		

NAME:	EVERETT TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 EDGELAKE DRIVE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-8817		

NAME:	ANNE-MARIE HICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 EDGELAKE DRIVE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-8817		

NAME: NICK LEONTIDIS TITLE: DIRECTOR ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GEORGE KINTZOS TITLE: SECRETARY ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVE JOHNSON TITLE: VP OF FINANCE ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ STEVE JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE JOHNSON, VP OF FINANCE PRINTED NAME AND CORPORATE TITLE	10/29/2012 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.		