

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212533459
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<p>1.) CORPORATION NAME: Curaspan Health Group, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p>	<p>DUE DATE: 9/30/2012</p> <p>SCC ID NO: F1804030</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>PREFER</td> <td>1,154,015</td> </tr> <tr> <td>PREFA</td> <td>1,013,985</td> </tr> <tr> <td>PREFB</td> <td>332,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	PREFER	1,154,015	PREFA	1,013,985	PREFB	332,000
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PREFER	1,154,015								
PREFA	1,013,985								
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: RIVERSIDE CENTER STE 1-110
275 GROVE ST

CITY/ST/ZIP: NEWTON, MA 02466-2275

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: THOMAS R FERRY TITLE: PRESIDENT ADDRESS: RIVERSIDE CENTER STE 1-110 275 GROVE ST CITY/ST/ZIP/CO: NEWTON, MA 02466-2275	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DAVID J BROWN TITLE: SECRETARY ADDRESS: C/O CHOATE HALL AND STEWART,LLP TWO INTERNATIONAL PLACE BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KENNETH H MANNING TITLE: TREA ADDRESS: RIVERSIDE CENTER STE 1-110 275 GROVE ST CITY/ST/ZIP/CO: NEWTON, MA 02466-2275	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JOHN J O'BRIEN TITLE: DIRECTOR ADDRESS: RIVERSIDE CENTER STE 1-110 275 GROVE ST CITY/ST/ZIP/CO: NEW YORK, NY 02466-2275	<input type="checkbox"/> OFFICER	<input checked="" 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.

/s/ THOMAS R FERRY	THOMAS R FERRY, PRESIDENT	8/30/2012
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.