

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

Onlife Health, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1838178**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 CAMERON HILL CIRCLE, 1.5

CITY/ST/ZIP: CHATTANOOGA, TN 37402

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:	JOHN DODD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	1 CAMERON HILL CIRCLE, 1.5		
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37402		

NAME:	SHELIA CLEMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORPORATE SECY		
ADDRESS:	1 CAMERON HILL CIRCLE		
CITY/ST/ZIP/CO:	1.5 CHATTANOOGA, TN 37402		

NAME:	JOHN GIBLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 CAMERON HILL CIRCLE		
CITY/ST/ZIP/CO:	1.5 CHATTANOOGA, TN 37402		

NAME:	WILLIAM GRACEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 CAMERON HILL CIRCLE		
CITY/ST/ZIP/CO:	1.5 CHATTANOOGA, TN 37402		

NAME:	JASON D. HICKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 CAMERON HILL CIRCLE		
CITY/ST/ZIP/CO:	1.5 CHATTANOOGA, TN 37402		

NAME: Katharine Laurance TITLE: ASST SECRETARY ADDRESS: 1 Cameron Hill Circle, 1.5 CITY/ST/ZIP/CO: Chattanooga, TN 37402	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Brian Stana TITLE: TREASURER ADDRESS: 1 Cameron Hill Circle, 1.5 CITY/ST/ZIP/CO: Chattanooga, TN 37402	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Alaine Zachary TITLE: ASST TREASURER ADDRESS: 1 Cameron Hill Circle, 1.5 CITY/ST/ZIP/CO: Chattanooga, TN 37402	<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/ SHELIA CLEMONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHELIA CLEMONS, CORPORATE SECRY PRINTED NAME AND CORPORATE TITLE	9/17/2013 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.		