

1.) CORPORATION NAME:

HumanaCares, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FLR
1111 E MAIN ST**

SCC ID NO: **F1891409**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000
PREFA	436,625
PREF	249,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 CARILLON PARKWAY
SUITE 240

CITY/ST/ZIP: ST. PETERSBURG, FL 33176

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:	CRAIG A. DRABLOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	GEORGE G. BAUERNFEIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JOAN O. LENAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CORP. SEC.		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	BRUCE D BROUSSARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JAMES E. MURRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	ERIC RACKOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME: STEVEN MCCULLEY TITLE: INTERIM CFO ADDRESS: 500 WEST MAIN STREET CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROY BEVERIDGE MD TITLE: DIRECTOR ADDRESS: 500 WEST MAIN STREET CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<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/ GEORGE G. BAUERNFEIND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE G. BAUERNFEIND, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/10/2014 DATE
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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.