

1.) CORPORATION NAME: **CARE IMPROVEMENT PLUS SOUTH CENTRAL** DUE DATE: **3/31/2014**

INSURANCECOMPANY SCC ID NO: **F1922162**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
AR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 351 West Camden Street
Suite 100

CITY/ST/ZIP: Baltimore, MD 21201

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 LAWRENCE LARSEN OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 9800 HEALTH CARE LANE
CITY/ST/ZIP/CO: MINNETONKA, MN 55343

NAME: ROBERT WORTH OBERRENDER OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 9900 BREN ROAD EAST
CITY/ST/ZIP/CO: MINNETONKA, MN 55343

NAME: RAGENEA KAY THOMPSON OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 351 WEST CAMDEN STREET
SUITE 100
CITY/ST/ZIP/CO: BALTIMORE, MD 21201

NAME: WILLIAM JOSEPH HNATH OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 9800 HEALTH CARE LANE
CITY/ST/ZIP/CO: MINNETONKA, MN 55343

NAME: MICHELLE MARIE HUNTLEY DILL OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 9900 BREN ROAD EAST
CITY/ST/ZIP/CO: MINNETONKA, MN 55343

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/ MICHELLE MARIE HUNTLEY DILL	MICHELLE MARIE HUNTLEY DILL, ASST SECRETARY	5/6/2014
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.