



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 160312		2. Name of Corporation NURTUR HEALTH, INC.			
3. Street Address Principal Business Office 7711 CARONDELET AVE			City ST LOUIS	State MO	Zip 63105
4. Business Phone No. 314-725-4477		5. State of Incorporation DE			
6. Brief Description of the Character of Business Conducted in Rhode Island HEALTHCARE MANAGEMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAN CAVE			Vice President Name WILLIAM SCHEFFEL		
Street Address 7711 CARONDELET AVE			Street Address 7711 CARONDELET AVE		
City ST LOUIS	State MO	Zip 63105	City ST LOUIS	State MO	Zip 63105
Secretary Name KEITH WILLIAMSON			Treasurer Name BRIAN BUTTS		
Street Address 7711 CARONDELET AVE			Street Address 7711 CARONDELET AVE		
City ST LOUIS	State MO	Zip 63105	City ST LOUIS	State MO	Zip 63105
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL NEIDORFF			Director Name WILLIAM SCHEFFEL		
Street Address 7711 CARONDELET AVE			Street Address 7711 CARONDELET AVE		
City ST LOUIS	State MO	Zip 63105	City ST LOUIS	State MO	Zip 63105
Director Name KEITH WILLIAMSON			Director Name		
Street Address 7711 CARONDELET AVE			Street Address		
City ST LOUIS	State MO	Zip 63105	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	CWP	.01	0	CWP	.01
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	MAR 04 2008
Check No.	By 106289 KM
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Tricia Dinkelman Date 02-26-09
TRICIA DINKELMAN
Print or Type Name
DIRECTOR OF TAX
Title