RI SOS Filing Number: 200948172270 Date: 07/22/2009 4:00 PM

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 2009

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.	2. Name of Corporation
000275880	Health Care Exchange Ltd.

3. Street Address Principal Business Office	City	State	Zip
25925 Telegraph Rd., Suite 400	Southfield	Michigan	48033

4. Business Phone No.	5. State of Incorporation
248-327-5276	Michigan

6. Brief Description of the Character of Business Conducted in Rhode Island
Dental Pro Network

7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
John J Doyle	
Street Address: 25925 Telegraph Rd., Suite 400	Street Address:
City: Southfield; State: Michigan; Zip: 48033	City: ; State: ; Zip:
Secretary Name: Brian Charlton	Treasurer Name: Richard Werther
Street Address: 25925 Telegraph Rd., Suite 400	Street Address: 25925 Telegraph Rd., Suite 400
City: Southfield; State: Michigan; Zip: 48033	City: Southfield; State: Michigan; Zip: 48033

8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Anthony J Trani	
Street Address: 25925 Telegraph Rd., Suite 400	Street Address:
City: Southfield; State: Michigan; Zip: 48033	City: ; State: ; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

RECEIVED
2009 JUL 22 PM 12:11
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

250,000 Common $1.00

10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
5000	Common	1.00
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.

[redacted]

FILED
JUL 22 2009
By [signature]
29-95086

[redacted]

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.

Richard J Werther 7-14-09
Signature *Date*

Richard J Werther
Print or Type Name

Treasurer
Title

Form 630 Rev. 08/08