



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000825659

2. Name of Corporation Health Management Corporation

3. Street Address Principal Business Office:

No. and Street: 120 MONUMENT CIRCLE
City or Town: INDIANAPOLIS

State: IN Zip: 46204 Country: USA

4. Business Phone No.

5. State of Incorporation

State: VA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 81

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

HEALTH AND LIFESTYLE MANAGEMENT COMPANY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DIANE SMELTZER	4200 W. CYPRESS, SUITE 900 TAMPA, FL 33607 USA
TREASURER	DAVID KRETSCHMER	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA

SECRETARY	KATHLEEN S KIEFER	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
ASSISTANT TREASURER	ERIC K NOBLE	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
DIRECTOR	DIANE SMELTZER	4200 W. CYPRESS, SUITE 900 TAMPA, FL 33607 USA
DIRECTOR	CATHERINE I KELAGHAN	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
DIRECTOR	RONALD W PENCZEK	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	15,000.00	0

9. 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.

Signed this 6 Day of March, 2017 at 3:27:25 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KATHLEEN S. KIEFER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved