

**Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: CarePredict, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

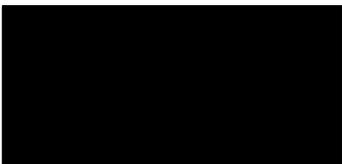
Address of Service Provider: 7900 Nova Drive, Suite 207, Davie, Florida 33324

Name of Agent Designated to Receive Notification of Claimed Infringement: SATISH MOVVA
Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

7900 Nova Drive
STE 207
Davie, FL 33325

Telephone Number of Designated Agent: 800-608-7188 x500

Email Address of Designated Agent: smovva@carepredict.net



Signature of Officer or Representative of the Designating Service Provider:

Date: January 23rd, 2014

Typed or Printed Name and Title: SATISH MOVVA, PRESIDENT

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