No. <b>W 100161</b>		Due no later than Feb 28, 2013			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		V-1000000	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.							
		EIRMC HOSPITALIST SERVICES, LLC LEGAL DEPT ONE PARK PLAZA		USA					
		NASHVILLE TN 37203		3. <u>Nev</u>					
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held Na	ame		Street or PO Address	City		State	Country	Postal Code	
MANAGER DC	DNALD W	STINNETT	ONE PARK PLAZA	NASH	WILLE	TN	USA	37203	
MANAGER WI	ILLIAM B.	RUTHERFORD	ONE PARK PLAZA	NASH	VILLE	TN	USA	37203	
MANAGER JO	)HN M. FR	ANCK II	ONE PARK PLAZA	NASH	-WILLE	TN	USA	37203	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 100161		Signature: John M. Franck II			Date: 02/06/2013				
		Name (type or print): John M. Franck II			Title: Manager				
Processed 02/06/2013	d 02/06/2013 * Electronically provided signatures are accepted as original signatures.								