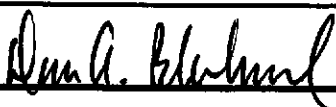


No. <b>C 162568</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Sep 30, 2010 Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO PHYSICIAN SERVICES, INC. LEGAL DEPARTMENT ONE PARK PLAZA NASHVILLE TN 37230	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702  <b>3. New Registered Agent Signature.</b>
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<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.</b>							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
(Director) President	A. Bruce Moore, Jr..	One Park Plaza	Nashville	TN	US	37003	
Secretary	Dora A. Blackwood	One Park Plaza	Nashville	TN	US	37203	
Treasurer	David G. Anderson	One Park Plaza	Nashville	TN	US	37203	
(Director) SVP	R. Milton Johnson	One Park Plaza	Nashville	TN	US	37203	
(Director) SVP	William B. Rutherford	One Park Plaza	Nashville	TN	US	37203	

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;">IDAHO C 162568</div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div>           Signature:             Name (type or print): <b>Dora A. Blackwood</b> </div> <div>           Date: <b>8/19/10</b>            Title: <b>Vice President &amp; Sec.</b> </div> </div>
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Issued 08/11/2010 by PEH 102711

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the