| No. C 174761 | | Due no later than Aug 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|--|---|----------------|-------------------|-------------------------|
| No. C 174761 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | | Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA MD 20817 USA | | 2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Name | s and Busine | ess Addresses of Preside | ent, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held N | Name | | Street or PO Address | City | State | Country | Postal Code |
| SECRETARY E TREASURER E | ARY EDWARD CHUNG-I LEE RER ELAINE ROSE COFRANCESCO ESIDENT JERRY BELLIZZI | | 6705 ROCKLEDGE DRIVE SUITE 900 6705 ROCKLEDGE DRIVE SUITE 900 6705 ROCKLEDGE DRIVE SUITE 900 | BETHESDA BETHESDA BETHESDA | MD MD MD | USA USA USA | 20817 20817 20817 |
| | | | 6705 ROCKLEDGE DRIVE SUITE 900 6705 ROCKLEDGE DRIVE SUITE 900 | BETHESDA BETHESDA | MD MD | USA USA | 20817 20817 |
| 5. Organized Under the Laws of: | | 6. Annual Report must | | | | | |
| DE C 174761 | | Signature: Collin Menkhus | | Date: 07/08/2014 | | | |
| | | Name (type or print) | Title: Poa | | | | |
| Processed 07/08/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | |