

No. C 179119		Due no later than Jun 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. WEXFORD HEALTH SOURCES, INC. WENDELYN R PEKICH 425 HOLIDAY DR FOSTER PLAZA TWO PITTSBURGH PA 15220		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK W HALE	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
SECRETARY	G. NORMAN MCCANN	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
DIRECTOR	DANIEL L CONN	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
DIRECTOR	KEVIN C HALLORAN	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
5. Organized Under the Laws of: FL C 179119		6. Annual Report must be signed.* Signature: Mark W. Hale Name (type or print): Mark W. Hale Date: 06/15/2010 Title: President & CEO					
Processed 06/15/2010		* Electronically provided signatures are accepted as original signatures.					