No. <b>C 195688</b>		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Aug 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRIAD HEALTHCARE, INC. PAULA B BROWN 400 BUCKWALTER PLACE BLVD. BLUFFTON SC 29910-5150		CORPORATIO 12550 W EXF BOISE ID 8	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		USA ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional)				
20 20 20	Name	000 / (dui 00000 01 1	Street or PO Address	City	State	Country	Postal Code	
SECRETARY DIRECTOR	IDENT JOHN J ARLOTTA RETARY LAURIE B JOHNSON CTOR JOHN J. ARLOTTA		400 BUCKWALTER PLACE BLVD 400 BUCKWALTER PLACE BLVD. 400 BUCKWALTER PLACE BLVD 400 BUCKWALTER PLACE BLVD	BLUFFTON BLUFFTON BLUFFTON BLUFFTON	SC SC SC SC	USA USA USA USA	29910 29910-5150 29910-5150 29910-5150	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
СТ		Signature: LAURIE B. JOHNSON			Date: 06/20/2018			
C 195688		Name (type or print): LAURIE B. JOHNSON Title: SECRE			SECRETARY			
Processed 06/20/2018	* Electronically provided signatures are accepted as original signatures.							