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| No. C 118889 | Due no later than Mar 31, 2015 Annual Report Form | | 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 | 1. Mailing Address: Correct in this box if needed. ACCREDITO HEALTH GROUP, INC. 1640 CENTURY CENTER PKWY STE 105 MEMPHIS TN 38134 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713 | | | |
| | | | 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 |
| SECRETARY | MARTIN P. AKINS | ONE EXPRESS WAY | ST. LOUIS | MO | USA | 63121 |
| DIRECTOR | MARTIN P. AKINS | ONE EXPRESS WAY | ST. LOUIS | MO | USA | 63121 |
| PRESIDENT | KEITH J EBLING | ONE EXPRESS WAY | ST. LOUIS | MO | USA | 63121 |
| VICE PRESIDENT | CHRISTOPHER KNIBB | ONE EXPRESS WAY | ST. LOUIS | MO | USA | 63121 |
| 5. Organized Under the Laws of: DE C 118889 | 6. Annual Report must be signed.* Signature: MARTIN P. AKINS Name (type or print): MARTIN P. AKINS | | Date: 03/17/2015 Title: SECRETARY | | | |
| Processed 03/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |