No. W 50294		Due no later than May 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GOODROE HEALTHCARE SOLUTIONS, LLC DENICE LINTON LEGAL DEPARTMENT 290 E. JOHN CARPENTER FREEWAY IRVING TX 75062	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
Office Held	npanies: Enter Nai Name	nes and Addresses of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code
MEMBER VHA INC. MANAGER BYRON JOBE		290 E. JOHN CARPENTER FREEWAY	IRVING IRVING	TX TX	USA USA	75062 75062
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DE W 50294		Signature: K. Randolph Peak, II Name (type or print): K. Randolph Peak, II	Date: 04/21/2014 Title: Asst. Secretary, VHA Inc.			
Processed 04/21/2014 * Electronically provided signatures are accepted as original signatures.						