

No. W 115734		Due no later than Jul 31, 2013 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		1. Mailing Address: Correct in this box if needed. MAXIT HEALTHCARE, LLC 705 E. MAIN STREET WESTFIELD IN 46074		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL P PASQUA	301 LABORATORY ROAD P.O. BOX 2501OAK RIDGE		TN	USA	37831	
MANAGER	PAUL H GREINER	10260 CAMPUS POINT DRIVE MS D7S SAN DIEGO		CA	USA	92121	
5. Organized Under the Laws of: DE W 115734		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks					
Processed 06/17/2013		Date: 06/17/2013 Title: Poa * Electronically provided signatures are accepted as original signatures.					