

No. C 189451		Due no later than Dec 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NORTHWEST HOSPITAL MEDICINE PHYSICIANS, INC. LEGAL DEPT 265 BROOKVIEW CENTRE WAY #400 KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 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	
DIRECTOR	GREG ROTH	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
DIRECTOR	JASEN GUNDERSEN, MD	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
PRESIDENT	MARK HARRIS MD	505 S 336TH ST STE 600	FEDERAL WAY	WA	USA	98003	
SECRETARY	HEIDI S ALLEN	505 S 336TH #600	FEDERAL WAY	WA	USA	98003	
5. Organized Under the Laws of: WA C 189451		6. Annual Report must be signed.* Signature: Heidi S Allen Name (type or print): Heidi S Allen					
Processed 11/26/2013		Date: 11/26/2013 Title: Secretary					
* Electronically provided signatures are accepted as original signatures.							