

No. C 189451		Due no later than Dec 31, 2012 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	
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 Date: 12/12/2012 Title: Secretary					
Processed 12/12/2012 * Electronically provided signatures are accepted as original signatures.							