

No. <b>W 109114</b>		<b>Due no later than Dec 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PARALLON PHYSICIAN SERVICES, LLC ATTN LEGAL DEPT ONE PARK PLAZA NASHVILLE TN 37203		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
				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	WILLIAM B RUTHERFORD	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
MANAGER	JOHN M FRANCK II	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
MANAGER	DONALD W STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
5. Organized Under the Laws of:  <b>TN W 109114</b>		6. Annual Report must be signed.* Signature: John M. Franck II Name (type or print): John M. Franck II Date: 11/13/2014 Title: Manager					
Processed 11/13/2014		* Electronically provided signatures are accepted as original signatures.					