

No. W 65385		Due no later than Aug 31, 2015		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. PATIENT'S FIRST NEUROLOGY, LLC LEGAL DEPARTMENT ONE PARK PLAZA NASHVILLE TN 37203		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 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		37203	
MANAGER	JOHN M. FRANCK II	ONE PARK PLAZA	NASHVILLE	TN		37203	
MANAGER	DONALD W. STINNETT	ONE PARK PLAZA	NASHVILLE	TN		37203	
5. Organized Under the Laws of: ID W 65385		6. Annual Report must be signed.* Signature: John M. Franck II Name (type or print): John M. Franck II Date: 08/04/2015 Title: Manager					
Processed 08/04/2015		* Electronically provided signatures are accepted as original signatures.					