No. W 57857		Due	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. XEROX STATE HEALTHCARE, LLC KATHY BROWN BLDG 1 10TH FLOOR 2828 N HASKELL AVE DALLAS TX 75204		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:*											
								4. Limited Liability Comp	oanies: Enter Na	mes and Addresses	of at least one Member or Manager.	•			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER MANAGER	J MICHAEL PEFFER JOHN A. LONDON		2828 N. HASKELL AVE BLDG 1 FL 9 2828 N. HASKELL AVE BLDG 1 FL 10	DALLAS DALLAS	TX TX	USA USA	75204 75204								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
DE		Signature: J. M	Date: 01/16/2014												
W 57857		Name (type or	Title: Manager												
Processed 01/16/2014		* Electronically pro	ovided signatures are accepted as original si	gnatures.											