

No. C 145430		Due no later than Sep 30, 2013		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 EMERGENCY PHYSICIANS, INCORPORATED JOHN STAIR 265 BROOKVIEW CENTRE WAY SUITE 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	
SECRETARY	JOHN STAIR	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
TREASURER	DAVID JONES	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
DIRECTOR	GREG ROTH	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
DIRECTOR	OLIVER ROGERS	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
PRESIDENT	MARK HARRIS, MD	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
5. Organized Under the Laws of: WA C 145430		6. Annual Report must be signed.* Signature: John Stair Name (type or print): John Stair Date: 09/19/2013 Title: Secretary					
Processed 09/19/2013		* Electronically provided signatures are accepted as original signatures.					