

| No. <b>C 145430</b>   |                 | <b>Due no later than Sep 30, 2013</b><br><b>Annual Report Form</b>   |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                                |         |             |  |
|---|-----------------|--|-----------|---|---------|-------------|--|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>NORTHWEST EMERGENCY PHYSICIANS, INCORPORATED<br>JOHN STAIR<br>265 BROOKVIEW CENTRE WAY<br>SUITE 400<br>KNOXVILLE TN 37919 |           | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>USA |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                 |  |           | 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:<br><br><b>WA</b><br><b>C 145430</b>   |                 | 6. Annual Report must be signed.*<br><br>Signature: John Stair<br>Name (type or print): John Stair   |           |   |         |             |  |
|   |                 | Date: 09/19/2013<br>Title: Secretary   |           |   |         |             |  |
| Processed 09/19/2013  |                 | * Electronically provided signatures are accepted as original signatures.  |           |   |         |             |  |