

No. W 26597		Due no later than Oct 31, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTERN IDAHO REGIONAL MEDICAL CENTER PHYSICIAN SERVICES, LLC LEGAL DEPT. ONE PARK PLAZA NASHVILLE TN 37203		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				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	JOHN M FRANCK II	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
MANAGER	WILLIAM B RUTHERFORD	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
MANAGER	DONALD W STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
5. Organized Under the Laws of: ID W 26597		6. Annual Report must be signed.* Signature: John M. Franck II Name (type or print): John M. Franck II Date: 09/09/2013 Title: Manager				
Processed 09/09/2013		* Electronically provided signatures are accepted as original signatures.				