

No. C 189451		Due no later than Dec 31, 2014		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. NORTHWEST HOSPITAL MEDICINE PHYSICIANS, INC. LEGAL DEPT 265 BROOKVIEW CENTRE WAY #400 KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713			
				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	
TREASURER	DAVID JONES	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
VICE PRESIDENT	JENNIFER BEHM	505 SOUTH 336TH STREET SUITE 350	FEDERAL WAY	WA	USA	98003	
PRESIDENT	MARK HARRIS MD	505 S 336TH ST STE 350	FEDERAL WAY	WA	USA	98003	
SECRETARY	HEIDI S ALLEN	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
DIRECTOR	OLIVER ROGERS	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
DIRECTOR	MICHAEL SNOW	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WA C 189451		Signature: Heidi S Allen				Date: 11/20/2014	
		Name (type or print): Heidi S Allen				Title: Secretary	
Processed 11/20/2014		* Electronically provided signatures are accepted as original signatures.					