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|--|--------------------------|---|-----------|---|---------|------------------|--|
| No. C 145430 | | Due no later than Sep 30, 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 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 | HEIDI S ALLEN | 265 BROOKVIEW CENTRE WAY SUITE 400 | KNOXVILLE | TN | USA | 37919 | |
| TREASURER | DAVID JONES | 265 BROOKVIEW CENTRE WAY SUITE 400 | KNOXVILLE | TN | USA | 37919 | |
| DIRECTOR | MICHAEL SNOW | 265 BROOKVIEW CENTRE WAY SUITE 400 | KNOXVILLE | TN | USA | 37919 | |
| DIRECTOR | OLIVER ROGERS | 265 BROOKVIEW CENTRE WAY SUITE 400 | KNOXVILLE | TN | USA | 37919 | |
| PRESIDENT | ROBERT R FRANTZ, JR., MD | 265 BROOKVIEW CENTRE WAY SUITE 400 | KNOXVILLE | TN | USA | 37919 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| WA C 145430 | | Signature: Heidi S Allen | | | | Date: 08/27/2014 | |
| | | Name (type or print): Heidi S Allen | | | | Title: Secretary | |
| Processed 08/27/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |