No. W 29744	Due no later than Apr 30, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	N - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	12550 W EXPLORER DR STE 100 BOISE ID 83713			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PINEWOOD HEALTHCARE, LLC REGULATORY SUPPORT SERVICES 115 PERIMETER CENTER PLACE NE	BOISE ID				
	SUITE 600	3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	ATLANTA GA 30346-1277					
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	
MEMBER CENTENN COMPAN	IAL HEALTHCARE HOLDING 115 PERIMETER CENTER PL NE ST /, LLC 600	re atlanta	GA	USA	30346-1277	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
DE	Signature: Daniel E. Dias	Date:	Date: 04/14/2017			
W 29744	Name (type or print): Daniel E. Dias	Title:	Title: Officer of Member			
Processed 04/14/2017	* Electronically provided signatures are accepted as original signatures.					