No. W 135233		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		WEST VALLEY MEDICAL GROUP SPECIALTY SERVICES LLC LEGAL DEPT ONE PARK PLAZA					
		NASHVILLE TN 37203		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compan	ies: Enter Na	mes 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	DONALD W	STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
MANAGER	WILLIAM B	RUTHERFORD	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 135233		Signature: John M. Franck II		Date: 01/20/2015			
		Name (type or	Title: Manager				
Processed 01/20/2015	* Electronically provided signatures are accepted as original signatures.						