No. **C 199799**	**Due no later than Sep 30, 2015**	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.** WEXFORD HEALTH SOURCES, INC. WENDELYN PEKICH 501 HOLIDAY DR FOSTER PLAZA FOUR PITTSBURGH PA 15220	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New 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
DIRECTOR	ELAINE J GEDMAN	501 HOLIDAY DR FOSTER PLAZA FOUR	PITTSBURGH	PA	USA	15220
DIRECTOR	KEVIN C HALLORAN	501 HOLIDAY DR FOSTER PLAZA FOUR	PITTSBURGH	PA	USA	15220
PRESIDENT	DANIEL L CONN	501 HOLIDAY DR FOSTER PLAZA FOUR	PITTSBURGH	PA	USA	15220
SECRETARY	G NORMAN MCCANN	501 HOLIDAY DR FOSTER PLAZA FOUR	PITTSBURGH	PA	USA	15220

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **C 199799**	Signature: DANIEL L CONN Name (type or print): DANIEL L CONN	Date: 09/28/2015 Title: PRESIDENT & CEO

Processed 09/28/2015

* Electronically provided signatures are accepted as original signatures.