

No. <b>C 199799</b>		<b>Due no later than Sep 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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 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	
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. *					
<b>FL</b> <b>C 199799</b>		Signature: Daniel L Conn Name (type or print): Daniel L Conn			Date: 07/15/2014 Title: President		
Processed 07/15/2014		* Electronically provided signatures are accepted as original signatures.					