

No. C 199432		Due no later than Aug 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. PREMIER HEALTHCARE SOLUTIONS, INC. 13034 BALLANTYNE CORPORATE PL CHARLOTTE NC 28277 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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
TREASURER	CRAIG MCKASSON	13034 BALLANTYNE CORPORATE PL.	CHARLOTTE	NC	USA	28277
DIRECTOR	CRAIG MCKASSON	13034 BALLANTYNE CORPORATE PL.	CHARLOTTE	NC	USA	28277
DIRECTOR	MICHAEL ALKIRE	13034 BALLANTYNE CORPORATE PL.	CHARLOTTE	NC	USA	28277
DIRECTOR	SUSAN DEVORE	13034 BALLANTYNE CORPORATE PL.	CHARLOTTE	NC	USA	28277
PRESIDENT	KEITH FIGLIOLI	13034 BALLANTYNE CORPORATE PL	CHARLOTTE	NC	USA	28277
SECRETARY	ANNA-MARIE FORREST	13034 BALLANTYNE CORPORATE PL	CHARLOTTE	NC	USA	28277
5. Organized Under the Laws of: DE C 199432		6. Annual Report must be signed.* Signature: ANNA-MARIE FORREST Name (type or print): ANNA-MARIE FORREST		Date: 07/27/2015 Title: SECRETARY		
Processed 07/27/2015		* Electronically provided signatures are accepted as original signatures.				