

No. C 179119		Due no later than Jun 30, 2011		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 R PEKICH 425 HOLIDAY DR FOSTER PLAZA TWO PITTSBURGH PA 15220 USA		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	DANIEL L CONN	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
DIRECTOR	KEVIN C HALLORAN	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
PRESIDENT	MARK W HALE	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
SECRETARY	G. NORMAN MCCANN	425 HOLIDAY DRIVE FOSTER PLAZA TWO	PITTSBURGH	PA	USA	15220	
5. Organized Under the Laws of: FL C 179119		6. Annual Report must be signed.* Signature: Mark W. Hale Name (type or print): Mark W. Hale Date: 06/27/2011 Title: President & CEO					
Processed 06/27/2011		* Electronically provided signatures are accepted as original signatures.					