No. C 202466		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHTRUST LOCUMS, INC. PO BOX 750 NASHVILLE TN 37202		921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Negister	cu Agent 3	igriature.	
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	EDWARD T JONES		1100 CHARLOTTE AVE., SUITE 110	NASHVILLE	TN		37203
DIRECTOR	JOHN M. FRANCK II		ONE PARK PLAZA	NASHVILLE	TN	USA	37203
DIRECTOR	CHRISTOPHER F. WYATT		ONE PARK PLAZA	NASHVILLE	TN	USA	37203
DIRECTOR	WILLIAM B. RUTHERFORD		ONE PARK PLAZA	NASHVILLE	TN	USA	37203
TREASURER	JENNIFER CHEMTOV		1000 SAWGRASS CORPORATE PKWY.,	SUNRISE	FL	USA	33323
SECRETARY	NATALIE H.	CLINE	one park plaza	NASHVILLE	TN	USA	37203
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
TX C 202466		Signature: Natalie H. Cline			Date: 05/10/2017		
		Name (type or print): Natalie H. Cline			Title: Secretary		
Processed 05/10/2017		* Electronically provid	ed signatures are accepted as original signa	atures.	•		