No. W 79156		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHCARE SALES NATIONAL MANAGEMENT SERVICES GROUP, LLC LEGAL DEPT ONE PARK PLAZA NASHVILLE TN 37203		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				C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*											
								4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of a	it least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER MANAGER	JOHN M. FRANCKII CHRISTOPHER F. WYATT MICHAEL CUFFE		ONE PARK PLAZA ONE PARK PLAZA THREE MARYLAND FARMS, STE. 250	NASHVILLE NASHVILLE BRENTWOOD	TN TN TN	USA USA USA	37203 37203 37027								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
TN		Signature: John M.	Date: 10/19/2016												
W 79156		Name (type or print): John M. Franck II			Title: Manager										
Processed 10/19/2016 * Electronically provided signatures are accepted as original signatures.															