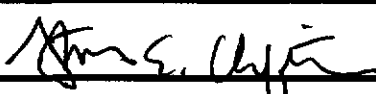
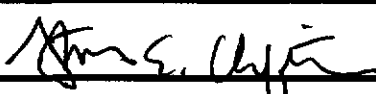
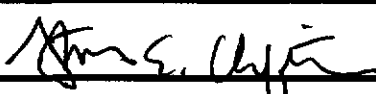


No. W 93641	Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EAST FALLS CARDIOVASCULAR AND THORACIC SURGERY, LLC LEGAL DEPARTMENT ONE PARK PLAZA NASHVILLE TN 37203		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager Member (circle one)										
Manager	Steven E. Clifton	One Park Plaza	Nashville	TN	US	37203				
Manager	William B. Rutherford	One Park Plaza	Nashville	TN	US	37203				
Manager	Donald W. Stinnett	One Park Plaza	Nashville	TN	US	37203				
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 93641 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: 5/19/11</td> </tr> <tr> <td>Name (type or print): Steven E. Clifton</td> <td>Title: Manager</td> </tr> </table>					Signature: 	Date: 5/19/11	Name (type or print): Steven E. Clifton	Title: Manager
Signature: 	Date: 5/19/11									
Name (type or print): Steven E. Clifton	Title: Manager									
Issued 05/13/2011 by PEH 119567										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM