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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 109111</b>                                                                                                                                    |                      | <b>Due no later than Dec 31, 2015</b>                                                                                                                    |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CENTRAL SHARED SERVICES, LLC<br>ATTN LEGAL DEPT<br>ONE PARK PLAZA<br>NASHVILLE TN 37203 |           | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                          |           | 3. <u>New</u> Registered Agent Signature:*                         |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                      |                                                                                                                                                          |           |                                                                    |         |             |  |
| Office Held                                                                                                                                            | Name                 | Street or PO Address                                                                                                                                     | City      | State                                                              | Country | Postal Code |  |
| MANAGER                                                                                                                                                | JOHN M FRANCK II     | ONE PARK PLAZA                                                                                                                                           | NASHVILLE | TN                                                                 | USA     | 37203       |  |
| MANAGER                                                                                                                                                | DONALD W STINNETT    | ONE PARK PLAZA                                                                                                                                           | NASHVILLE | TN                                                                 | USA     | 37203       |  |
| MANAGER                                                                                                                                                | WILLIAM B RUTHERFORD | ONE PARK PLAZA                                                                                                                                           | NASHVILLE | TN                                                                 | USA     | 37203       |  |
| 5. Organized Under the Laws of:<br><br><b>VA<br/>W 109111</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: John M. Franck II<br>Name (type or print): John M. Franck II<br>Date: 10/14/2015<br>Title: Manager       |           |                                                                    |         |             |  |
| Processed 10/14/2015                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                |           |                                                                    |         |             |  |