

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000259

Entity Name: BRIM HEALTHCARE, INC.

FILED
Mar 15, 2010
Secretary of State

Current Principal Place of Business:

105 WESTWOOD PLACE
SUITE 300
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

105 WESTWOOD PLACE
SUITE 300
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 93-0972947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MAZZUCA, PHILLIP J
Address: 105 WESTWOOD PLACE, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: VCFO
Name: MORKEL, DEREK
Address: 105 WESTWOOD PLACE, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: S
Name: DAVIS, BETH
Address: 105 WESTWOOD PLACE, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: MORKEL, DEREK
Address: 105 WESTWOOD PLACE, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: WOODLAND, DAVID L
Address: 105 WESTWOOD PLACE, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETH DAVIS

S

03/15/2010

Electronic Signature of Signing Officer or Director

Date