2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2010
Secretary of State

DOCUMENT# F06000007408

Entity Name: SUNCREST HEALTHCARE, INC.

Current Principal Place of Business:

510 HOSPITAL AVE
SUITE 100
MADISON, TN 37115

New Principal Place of Business:

Current Mailing Address:

510 HOSPITAL AVE
SUITE 100
MADISON, TN 37115

New Mailing Address:

FEI Number: 20-3701127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: EVP
Name: RASMUSSEN, BARBARA L
Address: 510 HOSPITAL DRIVE, SUITE 100
City-St-Zip: MADISON, TN 37115

Title: DST
Name: RASMUSSEN, GARY W
Address: 510 HOSPITAL DRIVE, SUITE 100
City-St-Zip: MADISON, TN 37115

Title: DPC
Name: DANT, JOHN W
Address: 510 HOSPITAL DR, SUITE 100
City-St-Zip: MADISON, TN 37115

Title: EVP
Name: BRENDA, DUNN A
Address: 510 HOSPITAL DR, SUITE 100
City-St-Zip: MADISON, TN 37115

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: GARY W RASMUSSEN DPC 03/19/2010

Electronic Signature of Signing Officer or Director — Date