2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# G24857

Entity Name: WEXFORD HEALTH SOURCES, INC.

Current Principal Place of Business:

FOSTER PLAZA 2
425 HOLIDAY DR.
PITTTSBURGH, PA 15220 US

New Principal Place of Business:

425 HOLIDAY DRIVE
FOSTER PLAZA TWO
PITTSBURGH, PA 15220 US

Current Mailing Address:

FOSTER PLAZA 2
425 HOLIDAY DR.
PITTTSBURGH, PA 15220 US

New Mailing Address:

425 HOLIDAY DRIVE
FOSTER PLAZA TWO
PITTSBURGH, PA 15220 US

FEI Number: 59-2363973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: MCCANN, G NORMAN
Address: FOSTER PLAZA TWO, 425 HOLIDAY DRIVE
City-St-Zip: PITTSBURGH, PA 15220

Title: CD ( ) Delete
Name: HALLORAN, KEVIN C
Address: FOSTER PLAZA TWO, 425 HOLIDAY DRIVE
City-St-Zip: PITTSBURGH, PA 15220

Title: VCOO ( ) Delete
Name: CONN, DANIEL L
Address: FOSTER PLAZA TWO, 425 HOLIDAY DRIVE
City-St-Zip: PITTSBURGH, PA 15220

Title: PCEO ( ) Delete
Name: HALE, MARK W
Address: FOSTER PLAZA TWO, 425 HOLIDAY DRIVE
City-St-Zip: PITTSBURGH, PA 15220

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: MCCANN, G. NORMAN
Address: 425 HOLIDAY DRIVE, FOSTER PLAZA TWO
City-St-Zip: PITTSBURGH, PA 15220

Title: DC (X) Change ( ) Addition
Name: HALLORAN, KEVIN C
Address: 425 HOLIDAY DRIVE, FOSTER PLAZA TWO
City-St-Zip: PITTSBURGH, PA 15220

Title: DV (X) Change ( ) Addition
Name: CONN, DANIEL L
Address: 425 HOLIDAY DRIVE, FOSTER PLAZA TWO
City-St-Zip: PITTSBURGH, PA 15220

Title: DP (X) Change ( ) Addition
Name: HALE, MARK W
Address: 425 HOLIDAY DRIVE, FOSTER PLAZA TWO
City-St-Zip: PITTSBURGH, PA 15220

Title: V ( ) Change (X) Addition
Name: TROUT, K. CRAIG
Address: 425 HOLIDAY DRIVE, FOSTER PLAZA TWO
City-St-Zip: PITTSBURGH, PA 15220

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK W. HALE P 08/28/2008

Electronic Signature of Signing Officer or Director Date