

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24857

FILED
Apr 27, 2011
Secretary of State

Entity Name: WEXFORD HEALTH SOURCES, INC.

Current Principal Place of Business:

425 HOLIDAY DRIVE
FOSTER PLAZA TWO
PITTSBURGH, PA 15220 US

New Principal Place of Business:

Current Mailing Address:

425 HOLIDAY DRIVE
FOSTER PLAZA TWO
PITTSBURGH, PA 15220 US

New Mailing Address:

FEI Number: 59-2363973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

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

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

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

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

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: MARK W. HALE

DP

04/27/2011

Electronic Signature of Signing Officer or Director

Date