2002 UNIFORM BUSINESS REPORT (UBR) FILED Jul 30, 2002 8:00 am DOCUMENT # M9800000691 **Secretary of State** 1. Entity Name QUORUM HEALTH RESOURCES, LLC 07-30-2002 90387 001 ***150.00 Principal Place of Business Mailing Address 105 CONTINENTAL PLACE 13455 NOEL RD., 19TH FLOOR **BRENTWOOD TN 37027** DALLAS TX 75240 2. Principal Place of Business 3. Mailing Address 3455 # 2000 3455 Noel Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 2000 City & State 4. FEI Number Applied For Dallas 62-1742954 albs Not Applicable Zip Country Country USA 5. Certificate of Status Desired \$5.00 Additional 24D Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ' Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE MANAGER NAME Change Addition RAPPUHN, TERRY ALLISON James D. Shelton NAME STREET ADDRESS 103 CONTINENTAL PLACE 13455 Noel Rd. # 2000 STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 37027 CITY-ST-ZIP Dallas, TX 75240 TITLE MGR Delete TITLE DRANAGER Change NAME DEMPSEY, DAVE P ☐ Addition NAME DONALD STREET ADDRESS 103 CONTINENTAL PLACE STREET ADDRESS 13455 Noel Rd #2000 CITY-ST-7IP BRENTWOOD TN 37027 CITY-ST-ZIP Dallas J524D TITLE MGR Delete MANAGER TITLE NAME Change ☐ Addition STOKES, JAMES G Burke Whitman 13455 Neel Rd # 2000 NAME STREET ADDRESS 103 CONTINENTAL PLACE STREET ADDRESS CITY-ST-ZIF **BRENTWOOD TN 37027** CITY-ST-ZIP Dallos ,TX 75240 TITLE ☐ Delete MANAGER TITLE NAME Change [X] Addition ROBERT FRUTIGER 13455 Noel Rd # 2000 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Dalbs, TV_75240 TITLE ☐ Delete TITLE MANAGE R NAME Change X Addition NAME W. Stephen Love STREET ADDRESS STREET ADDRESS 13455 Noel Rd, # 2000 CITY-ST-7IF CITY-ST-ZIP al bs TITLE Delete TITLE MANAGER □ Change NAME Addition MICHAEL SILHOL NAME STREET ADDRESS STREET ADDRESS 13455 Wel Rd. # 2000 CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee propowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: