2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# M98000000691

Entity Name: QUORUM HEALTH RESOURCES, LLC

Current Principal Place of Business:

5800 TENNYSON PARKWAY
PLANO, TX 75024

New Principal Place of Business:

Current Mailing Address:

5800 TENNYSON PARKWAY
PLANO, TX 75024

New Mailing Address:

FEI Number: 62-1742954 **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

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	SHELTON, JAMES D	
Address:	5800 TENNYSON PARKWAY	
City-St-Zip:	PLANO, TX 75024	
Title:	MGR	( ) Delete
Name:	FAY, DONALD P	
Address:	5800 TENNYSON PARKWAY	
City-St-Zip:	PLANO, TX 75024	
Title:	MGR	( ) Delete
Name:	WHITMAN, BURKE W	
Address:	5800 TENNYSON PARKWAY	
City-St-Zip:	PLANO, TX 75024	
Title:	MGR	( ) Delete
Name:	FRUTIGER, ROBERT	
Address:	5800 TENNYSON PARKWAY	
City-St-Zip:	PLANO, TX 75024	
Title:	MGR	( ) Delete
Name:	LOVE, W. STEPHEN	
Address:	5800 TENNYSON PARKWAY	
City-St-Zip:	PLANO, TX 75024	
Title:	MGR	( ) Delete
Name:	SILHOL, MICHAEL L	
Address:	5800 TENNYSON PARKWAY	
City-St-Zip:	PLANO, TX 75024	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD P. FAY MGR. 01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date