

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000691

FILED
Apr 25, 2008
Secretary of State

Entity Name: QUORUM HEALTH RESOURCES, LLC

Current Principal Place of Business:

5800 TENNYSON PARKWAY
PLANO, TX 75024

New Principal Place of Business:

4000 MERIDIAN BLVD
FRANKLIN, TN 37067

Current Mailing Address:

5800 TENNYSON PARKWAY
PLANO, TX 75024

New Mailing Address:

4000 MERIDIAN BLVD
FRANKLIN, TN 37067

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/MANAGERS:

Title: MGR () Delete
Name: SHELTON, JAMES D PRES
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR (X) Delete
Name: HURLEY, REBECCA SVP
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR (X) Delete
Name: FRAZIER, TOM SVP
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR (X) Delete
Name: FRUTIGER, ROBERT VP
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR (X) Delete
Name: LOVE, STEPHEN W SVP
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR (X) Delete
Name: KELLY, CHRIS VP
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRIAD HEALTHCARE COR, PORATION
Address: 4000 MERIDIAN BLVD
City-St-Zip: FRANKLIN, TN 37067

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

Title: () Change () Addition
Name:
Address:
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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 exemption stated in Chapter 119, 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: RACHEL A SEIFERT

SVPS

04/25/2008

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