

1.) CORPORATION NAME:

**Wexford Health Sources, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

DUE DATE: **10/31/2011**

SCC ID NO: **F1232117**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: FOSTER PLAZA TWO  
425 HOLIDAY DR

CITY/ST/ZIP: PITTSBURGH, PA 15220-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK HALE  
TITLE: PRES/CEO  
ADDRESS: FOSTER PLAZA TWO  
425 HOLIDAY DR  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15220-

OFFICER  DIRECTOR

NAME: G NORMAN MCCANN  
TITLE: SEC/TREAS  
ADDRESS: FOSTER PLAZA TWO  
425 HOLIDAY DR  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15220-

OFFICER  DIRECTOR

NAME: DANIEL CONN  
TITLE: EVP/COO  
ADDRESS: FOSTER PLAZA TWO  
425 HOLIDAY DR  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15220-

OFFICER  DIRECTOR

NAME: KEVIN C. HALLORAN  
TITLE: CHRMN  
ADDRESS: FOSTER PLAZA TWO  
425 HOLIDAY DR  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15220-

OFFICER  DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARK HALE</u>	<u>MARK HALE, PRES/CEO</u>	<u>10/31/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.