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|------------------|---|-----------|
| <b>SCC eFile</b> | <b>2013 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 213553819 |
|------------------|---|-----------|

|   |  |       |            |        |       |
|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Wexford Health Sources, Inc.</b>  | DUE DATE: <b>10/31/2013</b>  |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATION SERVICE COMPANY<br/>Bank of America Center, 16th Floor<br/>1111 East Main Street</b> | SCC ID NO: <b>F1232117</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>RICHMOND CITY</b>   | 5.) STOCK INFORMATION  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>FL</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>7,500</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 7,500 |
| CLASS   | AUTHORIZED   |       |            |        |       |
| COMMON  | 7,500  |       |            |        |       |
| RICHMOND, VA  |  |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 HOLIDAY DRIVE  
FOSTER PLAZA FOUR

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  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRES/CEO  |                                     |         |                                     |          |
| ADDRESS: FOSTER PLAZA TWO                              |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: 425 HOLIDAY DR<br>PITTSBURGH, PA 15220 |                                     |         |                                     |          |

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: G NORMAN MCCANN                                  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SEC/TREAS                                       |                                     |         |                                     |          |
| ADDRESS: FOSTER PLAZA TWO                              |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: 425 HOLIDAY DR<br>PITTSBURGH, PA 15220 |                                     |         |                                     |          |

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: DANIEL CONN                                      | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: EVP/COO   |                                     |         |                                     |          |
| ADDRESS: FOSTER PLAZA TWO                              |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: 425 HOLIDAY DR<br>PITTSBURGH, PA 15220 |                                     |         |                                     |          |

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: KEVIN C. HALLORAN                                | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CHR MN  |                                     |         |                                     |          |
| ADDRESS: FOSTER PLAZA TWO                              |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: 425 HOLIDAY DR<br>PITTSBURGH, PA 15220 |                                     |         |                                     |          |

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.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ MARK HALE                                       | MARK HALE, PRES/CEO              | 11/7/2013 |
| 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.