

1.) CORPORATION NAME:

Premier Healthcare Solutions, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1395237**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13034 BALLANTYNE CORPORATE PL.

CITY/ST/ZIP: CHARLOTTE, NC 28277

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:	SUSAN D DEVORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO & PRESIDENT		
ADDRESS:	13034 BALLANTYNE CORPORATE PL.		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	CRAIG MCKASSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	13034 BALLANTYNE CORPORATE PL.		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	LISA STEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	13034 BALLANTYNE CORPORATE PL.		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	GLENN STEELE, JR. , MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 North Academy Avenue		
CITY/ST/ZIP/CO:	Danville, PA 17822		
NAME:	DENNIS VONDERFECHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	303 Med Tech Parkway		
CITY/ST/ZIP/CO:	Suite 300 Johnson City, TN 37604		
NAME:	MICHAEL ALKIRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13034 BALLANTYNE CORPORATE PL.		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNA-MARIE FORREST SECRETARY 13034 BALLANTYNE CORPORATE PL. CHARLOTTE, NC 28277	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE CASSEL, MD DIRECTOR 1030 15th Street, NW, Suite 800 Washington, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES HART, MD DIRECTOR 353 Fairmont Blvd. Rapid City, ND 57701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ISSAI DIRECTOR 26000 Altamont Road Los Altos Hills, CA 94022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. THOMAS JONES DIRECTOR 1000 Technology Drive Suite 2320 Fairmont, WV 26554	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM MAYER DIRECTOR 1 East 52nd Street 3rd Floor New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH PITTS DIRECTOR 20 Burton Hills Boulevard Suite 100 Nashville, TN 37215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOMI RYBA DIRECTOR 2500 Grant Road, MS 1C31 Mountain View, CA 94040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY SHAW DIRECTOR 900 Hope Way Altamonte Springs, FL 32714	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD STATUTO DIRECTOR 1505 Marriottsville Road Marriottsville, MD 21104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS STRAUSS DIRECTOR 525 E. Market Street Akron, OH 44309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SUSAN WANG TITLE: DIRECTOR ADDRESS: 27451 Altmont Road CITY/ST/ZIP/CO: Los Altos Hills, CA 94022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALAN YORDY TITLE: DIRECTOR ADDRESS: 1115 SE 164th Avenue CITY/ST/ZIP/CO: Vancouver, WA 98683	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Blair Childs TITLE: SVP, Public Aff ADDRESS: 13034 Ballantyne Corp. Pl. CITY/ST/ZIP/CO: Charlotte, NC 28277	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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.		
/s/ ANNA-MARIE FORREST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANNA-MARIE FORREST, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/12/2013 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.		