

| | | |
|------------------|---|-----------|
| SCC eFile | 2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 213511820 |
|------------------|---|-----------|

| | | | | | |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME: TMG Health, Inc. | DUE DATE: 4/30/2013 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 | SCC ID NO: F1544636 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: DE | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 455 S GULPH ROAD
STE 307

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406

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: JOHN T TIGHE III | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: PRESIDENT | | | |
| ADDRESS: 455 S GULPH ROAD STE 307 | | | |
| CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406 | | | |

| | | | |
|---|---|-----------------------------------|--|
| NAME: VINCENT M DADAMO | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: SECRETARY | | | |
| ADDRESS: 455 S GULPH ROAD | | | |
| CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406 | | | |

| | | | |
|---|---|-----------------------------------|--|
| NAME: James H Watson | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: TREASURER | | | |
| ADDRESS: 455 S GULPH ROAD | | | |
| CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406 | | | |

| | | | |
|-----------------------------------|----------------------------------|--|--|
| NAME: James L Kadela | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: DIRECTOR | | | |
| ADDRESS: 300 E RANDOLPH | | | |
| CITY/ST/ZIP/CO: CHICAGO, IL 60601 | | | |

| | | | |
|-----------------------------------|----------------------------------|--|--|
| NAME: JAMES WALSH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: DIRECTOR | | | |
| ADDRESS: 300 E RANDOLPH | | | |
| CITY/ST/ZIP/CO: CHICAGO, IL 60601 | | | |

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/ JOHN T TIGHE III | JOHN T TIGHE III, PRESIDENT | 3/7/2013 |
| 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.