

1.) CORPORATION NAME: Mediant Health Resources, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CAPITOL CORPORATE SERVICES INC 10 S JEFFERSON ST STE 1400 ROANOKE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY 4.) STATE OR COUNTRY OF INCORPORATION: AZ	DUE DATE: 4/30/2014 SCC ID NO: F1927179 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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2355 E. Camelback Rd. #920 CITY/ST/ZIP: Phoenix, AZ 85016
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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: Michael J Primorac TITLE: PRESIDENT ADDRESS: 6651 N. Cardinal Dr. CITY/ST/ZIP/CO: Paradise Valley, AZ 85253	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Bryant K DePiazza TITLE: VICE PRESIDENT ADDRESS: 3921 E. Patrick Ln CITY/ST/ZIP/CO: Phoenix, AZ 85050	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Michael J Primorac TITLE: DIRECTOR ADDRESS: 6651 N. Cardinal Dr. CITY/ST/ZIP/CO: Paradise Valley, AZ 85016	<input type="checkbox"/>	OFFICER	<input checked="" 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/ Michael JPrimorac	Michael JPrimorac,	4/15/2014
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.