

EXHIBIT 2

**Copy of the CAH Documents Filed with North
Carolina Secretary of State**

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 Elaine F. Marshall
 North Carolina Secretary of State



LIMITED LIABILITY COMPANY ANNUAL RE

NAME OF LIMITED LIABILITY COMPANY: CAH Acquisition Company 10 LLC

SECRETARY OF STATE ID NUMBER: 1115723

STATE OF FORMATION: DE

REPORT FOR THE YEAR: 2013

Filing Office Use Only

Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Corporation Service Company

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

327 Hillsborough Street
Raleigh, NC 27603 Wake

4. REGISTERED OFFICE MAILING ADDRESS

327 Hillsborough Street
Raleigh, NC 27603

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: hospital management and acquisition

2. PRINCIPAL OFFICE PHONE NUMBER: (816) 474-7800

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

624 W. Main Street
Yadkinville, NC 27055, Yadkin County

5. PRINCIPAL OFFICE MAILING ADDRESS

1100 Main Street, Suite 2350
Kansas City, MO 64105

SECTION C: MANAGERS/MEMBERS/ORGANIZERS

(Enter additional Managers/Members/Organizers in Section E.)

NAME: HMC/CAH Consolidated, Inc.

NAME: _____

NAME: _____

TITLE: Member

TITLE: _____

TITLE: _____

ADDRESS: 1100 Main Street

ADDRESS: _____

ADDRESS: _____

Suite 2350

Kansas City, MO 64105

SECTION D: CERTIFICATION OF ANNUAL REPORT.

Section D must be completed in its entirety by a person/business entity.

James W. Shaffer

SIGNATURE

April 10, 2013

DATE

Form must be signed by a Manager/Member listed under Section C of this form.

JAMES W. SHAFFER

Print or Type Name of Manager/Member

President

TITLE

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200
 MAIL TO: Secretary of State, Corporations Division, Post Office Box 29525, Raleigh, NC 27626-0525



State of North Carolina
Department of the Secretary of State

SOSID: 1115723
Date Filed: 9/15/2009 4:50:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200924400170

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY

Pursuant to §57C-7-04 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is CAH Acquisition Company 10 LLC;

and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is _____

2. The state or country under whose laws the limited liability company was formed is: Delaware

3. The date of formation was 07-16-2008; its period of duration is: perpetual

4. Principal office information: (Select either a or b.)

a. The limited liability company has a principal office.

The street address and county of the principal office of the limited liability company is:

Number and Street _____
City, State, Zip Code _____ County _____

The mailing address, *if different from the street address*, of the principal office of the corporation is:

b. The limited liability company does not have a principal office.

5. The street address and county of the registered office in the State of North Carolina is:

Number and Street 150 Fayetteville St. Box 1011
City, State, Zip Code Raleigh, North Carolina 27601 County Wake

6. The mailing address, *if different from the street address*, of the registered office in the State of North Carolina is:

HMG/CAH Consolidated, Inc., 1100 Main St., Ste. 2350, Kansas City, MO 64105 N/A

7. The name of the registered agent in the State of North Carolina is: C T Corporation System

CORPORATIONS DIVISION

(Revised January 2002)

P. O. BOX 29622

RALEIGH, NC 27626-0622

(Form L-09)

APPLICATION FOR CERTIFICATE OF AUTHORITY

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8. The names, titles, and usual business addresses of the current managers of the limited liability company are:
(use attachment if necessary)

<u>Name</u>	<u>Business Address</u>
HMC/CAH Consolidated, Inc.	1100 Main St., Ste. 2350, Kansas City, MO 64105

9. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.

10. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

11. This application will be effective upon filing, unless a delayed date and/or time is specified: _____

This the 19 day of August, 2009

HMC/CAH Consolidated, Inc. Manager of
CAH Acquisition Company 10 LLC

Name of Limited Liability Company

Signature of Manager

Dennis Davis, Secretary of HMC/CAH Consolidated, Inc.

Type or Print Name

Notes:

1. **Filing fee is \$250.** This document must be filed with the Secretary of State.

CORPORATIONS DIVISION

(Revised January 2002)

P. O. BOX 29622

RALEIGH, NC 27626-0622

(Form L-09)

Delaware

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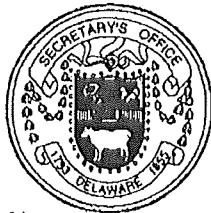
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HMC/CAH CONSOLIDATED, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST,
A.D. 2009.

4352867 8300

090788088

You may verify this certificate online
at corp.delaware.gov/authver.shtml



[Handwritten Signature]
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7482482

DATE: 08-18-09