

# **EXHIBIT 2**

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



## LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1115723  
 Date Filed: 4/15/2013 3:43:00 PM  
 Elaine F. Marshall  
 North Carolina Secretary of State

CA2013 105 13314

NAME OF LIMITED LIABILITY COMPANY: CAH Acquisition Company 10 LLCSECRETARY OF STATE ID NUMBER: 1115723STATE OF FORMATION: DEREPORT 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 &amp; COUNTY

327 Hillsborough StreetRaleigh, NC 27603 Wake

4. REGISTERED OFFICE MAILING ADDRESS

327 Hillsborough StreetRaleigh, NC 27603

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: hospital management and acquisition2. PRINCIPAL OFFICE PHONE NUMBER: (816) 474-7800

3. PRINCIPAL OFFICE EMAIL: \_\_\_\_\_

4. PRINCIPAL OFFICE STREET ADDRESS &amp; COUNTY

624 W. Main StreetYadkinville, NC 27055, Yadkin County

5. PRINCIPAL OFFICE MAILING ADDRESS

1100 Main Street, Suite 2350Kansas 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 2350Kansas 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 14, 2013  
 DATE

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

JAMES W. SHAFER  
 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:

~~HMC/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

P. O. BOX 29622

RALEIGH, NC 27626-0622

(Revised January 2002)

(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.**

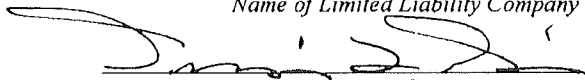
10. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

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

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RALEIGH, NC 27626-0622

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(Form L-09)

# Delaware

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*The First State*

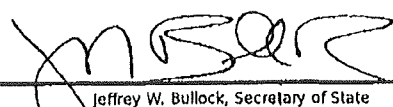
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HMC/CAH CONSOLIDATED, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY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

4352867 8300

090788088

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7482482

DATE: 08-18-09