EXHIBIT 2

Copy of the CAH Documents Filed with North Carolina Secretary of State
LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Corporation Service Company

2. SIGNATURE OF THE NEW REGISTERED AGENT: ____________________________

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.

[Signature]

[Date: April 10, 2013]

[Print or Type Name of Manager/Member]

[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 27612-0525.

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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**

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

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CORPORATIONS DIVISION P. O. BOX 29622 RALEIGH, NC 27626-0622

(Revised January 2002) (Form L-09)
8. The names, titles, and usual business addresses of the current managers of the limited liability company are:
   (use attachment if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMC/CAH Consolidated, Inc.</td>
<td>1100 Main St., Ste. 2350, Kansas City, MO 64105</td>
</tr>
</tbody>
</table>

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 ___ day of August, 2009

[Signature]

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

[Signature]

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

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

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AUTHENTICATION: 7482482
DATE: 08-18-09