

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001318

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** MEDCOM CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

2100 COVINGTON CENTRE  
COVINGTON, LA 70433

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1751  
COVINGTON, LA 70434

**New Mailing Address:**

**FEI Number:** 72-1339762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MILTENBERGER, HENRY J JR  
Address: 2100 COVINGTON CENTRE  
City-St-Zip: COVINGTON, LA 70433

Title: VP  
Name: LAMPARD, SHELLEY P  
Address: 2100 COVINGTON CENTRE  
City-St-Zip: COVINGTON, LA 70433

Title: D  
Name: LAMPARD, SHELLEY P  
Address: 2100 COVINGTON CENTRE  
City-St-Zip: COVINGTON, LA 70433

Title: D  
Name: LAYMAN, DOUGLAS J  
Address: 2100 COVINGTON CENTRE  
City-St-Zip: COVINGTON, LA 70433

Title: T  
Name: BRAYMAN, LYNN L  
Address: 2100 COVINGTON CENTRE  
City-St-Zip: COVINGTON, LA 70433

Title: S  
Name: HUVAL, CRAIG M  
Address: 2100 COVINGTON CENTRE  
City-St-Zip: COVINGTON, LA 70433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHELLEY P. LAMPARD

VP

02/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date