

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000371

**Entity Name:** HEALTHSPRING MANAGEMENT OF AMERICA, LLC

**Current Principal Place of Business:**

2900 N. LOOP WEST  
SUITE 1300  
HOUSTON, TX 77092

**Current Mailing Address:**

2900 N. LOOP WEST  
SUITE 1300  
HOUSTON, TX 77092

**FEI Number:** 20-8647386

**Certificate of Status Desired:** No

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

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

*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

**Authorized Person(s) Detail :**

Title MEMBER  
Name NEWQUEST, LLC  
Address 2900 N. LOOP WEST  
SUITE 1300  
City-State-Zip: HOUSTON TX 77092

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEWQUEST, LLC

MEMBER

04/16/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date