

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400000371

Entity Name: HEALTHSPRING MANAGEMENT OF AMERICA, LLC

Current Principal Place of Business:

500 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

Current Mailing Address:

500 GREAT CIRCLE ROAD
NASHVILLE, TN 37228 US

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 530 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

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

04/19/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date