

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000000371

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 MANAGER
Name AWASTHI, SANJIV
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name BERNIER, RHIANNON
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name BROWN, WILLIAM
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name FLEMING, MARK
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name FOULKE, MARK
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name HART, JOANNE
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name HURT, JAY
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name KRISHTUL, ANNA
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

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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: BRENT SANDERS**MANAGER****04/26/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name LAMBERT, SCOTT
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name MCKEON, CASEY
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name MORRIS, MATTHEW
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name RYAN, MAUREEN
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name SASSER, JESSICA
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name SUDALL, FRANCIS
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name MCGROARTY, RYAN
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name METROW, SUSAN
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name PRESS, THERESA
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name SANDERS, BRENT
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name SIDDIQUI, JUMANA
Address 500 GREAT CIRCLE ROAD
City-State-Zip: NASHVILLE TN 37228