

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001318

Entity Name: MEDCOM CARE MANAGEMENT, INC.

Current Principal Place of Business:

2100 COVINGTON CENTRE
COVINGTON, LA 70433

Current Mailing Address:

PO BOX 1751
COVINGTON, LA 70434 US

FEI Number: 72-1339762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Officer/Director Detail :

Title DP
Name MILTENBERGER, HENRY JJR
Address 2100 COVINGTON CENTRE
City-State-Zip: COVINGTON LA 70433

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

Title AS
Name SCHOTT, JUDY C
Address 2100 COVINGTON CENTRE
City-State-Zip: COVINGTON LA 70433

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

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

Title S
Name HUVAL, CRAIG M
Address 2100 COVINGTON CENTRE
City-State-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

VICE PRESIDENT

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date