

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002001

**Entity Name:** HEALTHCARE MANAGEMENT OF AMERICA, INC.

**Current Principal Place of Business:**

3310 WEST END AVENUE, SUITE 700,  
NASHVILLE, TN 37203

**Current Mailing Address:**

3310 WEST END AVENUE, SUITE 700,  
NASHVILLE, TN 37203 US

**FEI Number: 45-4931741**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT/CEO  
Name            MEREDITH, TODD J  
Address        3310 WEST END AVENUE, SUITE 700,  
City-State-Zip: NASHVILLE TN 37203

Title            SECRETARY  
Name            LOOPE, ANDREW E  
Address        3310 WEST END AVENUE, SUITE 700,  
City-State-Zip: NASHVILLE TN 37203

Title            TREASURER  
Name            DONOVAN, CHRIS  
Address        3310 WEST END AVENUE, SUITE 700,  
City-State-Zip: NASHVILLE TN 37203

*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: ANDREW E. LOOPE**

**SECRETARY**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date