

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002444

Entity Name: MEDHOST DIRECT**Current Principal Place of Business:**6550 CAROTHERS PARKWAY
SUITE 160
FRANKLIN, TN 37067**Current Mailing Address:**6550 CAROTHERS PARKWAY
SUITE 160
FRANKLIN, TN 37067 US**FEI Number:** 62-1847053**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 PRESIDENT/DIRECTOR
Name ANDERSON, WILLIAM P.
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

Title SECRETARY
Name BARFIELD, KENNY
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

Title TREASURER
Name MISCH, KENNETH D.
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR
Name DAVIS, AARON
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR
Name MACKENZIE, SCOTT
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR
Name MOLNER II, PHILLIP C.
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR
Name PATTISON, STEVEN G.
Address 6550 CAROTHERS PARKWAY
 SUITE 160
City-State-Zip: FRANKLIN TN 37067

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: WILLIAM P. ANDERSON

PRESIDENT/DIRECTOR

04/14/2017

Electronic Signature of Signing Officer/Director Detail_____
Date