

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004705

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: HEALTH CARE CORPORATION OF AMERICA INTERNATIONAL

## Current Principal Place of Business:

103 POWELL COURT  
SUITE 100  
BRENTWOOD, TN 37027

## New Principal Place of Business:

405 DUKE DRIVE  
SUITE 210  
FRANKLIN, TN 37067

## Current Mailing Address:

103 POWELL COURT  
SUITE 100  
BRENTWOOD, TN 37027

## New Mailing Address:

405 DUKE DRIVE  
SUITE 210  
FRANKLIN, TN 37067

FEI Number: 62-1541690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARSTON, RONALD C  
Address: 103 POWELL COURT, SUITE 100  
City-St-Zip: BRENTWOOD, TN 37027

Title: VP ( ) Delete  
Name: FLEMING, KAREN M  
Address: 103 POWELL COURT, SUITE 100  
City-St-Zip: BRENTWOOD, TN 37027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MARSTON, RONALD C  
Address: 405 DUKE DRIVE, SUITE 210  
City-St-Zip: FRANKLIN, TN 37067

Title: VP (X) Change ( ) Addition  
Name: FLEMING, KAREN M  
Address: 405 DUKE DRIVE, SUITE 210  
City-St-Zip: FRANKLIN, TN 37067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN M. FLEMING

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date