

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004705

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** HEALTH CARE CORPORATION OF AMERICA INTERNATIONAL

**Current Principal Place of Business:**

7105 S. SPRINGS DR., STE 208  
FRANKLIN, TN 37067

**New Principal Place of Business:**

12 CADILLAC DRIVE  
SUITE 200  
BRENTWOOD, TN 37027

**Current Mailing Address:**

7105 S. SPRINGS DR., STE 208  
FRANKLIN, TN 37067

**New Mailing Address:**

12 CADILLAC DRIVE  
SUITE 200  
BRENTWOOD, TN 37027

**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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: BARTHOLOMEW, DAVID  
Address: 12 CADILLAC DRIVE SUITE 200  
City-St-Zip: BRENTWOOD, TN 37027

Title: VP  
Name: MERHOFF, TED  
Address: 12 CADILLAC DRIVE SUITE 200  
City-St-Zip: BRENTWOOD, TN 37027

Title: CFO  
Name: KENDROT, TOM  
Address: 12 CADILLAC DRIVE SUITE 200  
City-St-Zip: BRENTWOOD, TN 37027

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: TOM KENDROT

CFO

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date