2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2010
Secretary of State

DOCUMENT# F08000001337

Entity Name: HEALTHSPRING I, INC.

Current Principal Place of Business:

9009 CAROTHERS PKWY., SUITE 501
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

9009 CAROTHERS PKWY., SUITE 501
FRANKLIN, TN 37067

New Mailing Address:

FEI Number: 20-1821898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO
Name: FRITCH, HERBERT A
Address: 9009 CAROTHERS PKWY., SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: PRES
Name: MIRT, MIKE G COO
Address: 9009 CAROTHERS PKWY., SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: CFO
Name: WITTY, KAREY EXVP
Address: 9009 CAROTHERS PKWY., SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: SVP
Name: TERRY, DAVID L
Address: 9009 CAROTHERS PARKWAY, STE. 501
City-St-Zip: FRANKLIN, TN 37067

Title: SVP
Name: BARDEN, GENTRY J GEN COU
Address: 9009 CAROTHERS PKWY., SUITE 501
City-St-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: HERBERT A. FRITCH CEO 04/07/2010

Electronic Signature of Signing Officer or Director Date