

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 026 ***150.00

DOCUMENT # F93000004396

1. Entity Name
RAMSAY MANAGED CARE, INC.



Principal Place of Business Mailing Address
ONE ALHAMBRA PLAZA **ONE ALHAMBRA PLAZA**
SUITE 750 **SUITE 750**
CORAL GABLES, FL 33134 US **CORAL GABLES, FL 33134 US**

2. Principal Place of Business 3. Mailing Address
113 Seaboard Lane **113 Seaboard Lane**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite C-100 **Suite C-100**
City & State City & State
Franklin TN **Franklin TN**
Zip Country Zip Country
37067 US **37067 US**



04162004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
72-1249464 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY Name
1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE, FL 32301-2525
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIBRAN, BERT G		NAME	Joey A. Jacobs	
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Franklin TN 37067	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, MARCIO		NAME	Steven T. Davidson	
STREET ADDRESS	ONE ALHAMBRA PLAZA, STE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Franklin TN 37067	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICO, JORGE		NAME	Jack Polson	
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Franklin TN 37067	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brent Turner	
STREET ADDRESS			STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP			CITY-ST-ZIP	Franklin TN 37067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jack Polson VP** 4-26-04 615-312-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #