


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000004396</b> 1. Entity Name <b>RAMSAY MANAGED CARE, INC.</b>	
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Principal Place of Business <b>840 CRESCENT CENTRE DRIVE SUITE 460 FRANKLIN, TN 37067 US</b>	Mailing Address <b>840 CRESCENT CENTRE DRIVE SUITE 460 FRANKLIN, TN 37067 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>72-1249464</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE. 4 WESTON, FL 33331</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, JOEY A 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIDSON, STEVEN T 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV POLSON, JACK 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, BRENT 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/06-30021-009 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Brent Turner 1-21-06 615-312-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #