

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 011 ***150.00

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1. Entity Name

RAMSAY MANAGED CARE, INC.



Principal Place of Business

6640 CAROTHERS PARKWAY
SUITE 500
FRANKLIN, TN 37067 US

Mailing Address

6640 CAROTHERS PARKWAY
SUITE 500
FRANKLIN, TN 37067 US

4002011



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1249464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOBS, JOEY A
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	VSD
NAME	DAVIDSON, STEVEN T
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	TV
NAME	POLSON, JACK
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	V
NAME	TURNER, BRENT
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	SEC
NAME	HOWARD, CHRISTOPHER L
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

615.312.5700

Daytime Phone #