

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000065

Entity Name: MEDICAL CARE AMERICA, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 372020750 US

New Mailing Address:

FEI Number: 62-1769749 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, R. MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Delete
Name: BEASLEY, GREG
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Delete
Name: TAVENNER, MARILYN B
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MOORE, A. BRUCE JR.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A. BRUCE MOORE, JR. MGR 04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date