

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000065

Entity Name: MEDICAL CARE AMERICA, LLC

FILED  
Apr 19, 2007  
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: MOORE, A. BRUCE JR.  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/19/2007

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