## 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000065

Entity Name: MEDICAL CARE AMERICA, LLC

**Current Principal Place of Business:** 

ONE PARK PLAZA NASHVILLE, TN 37203

**Current Mailing Address:** 

P.O. BOX 750 LEGAL DEPT.

NASHVILLE, TN 37202-0750 US

FEI Number: 62-1769749 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

FILED Apr 28, 2022

**Secretary of State** 

6417718242CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name FRANCK II, JOHN M Name BEASLEY, GREG

Address ONE PARK PLAZA Address 13355 NOEL ROAD, STE. 1200

City-State-Zip: NASHVILLE TN 37203 City-State-Zip: DALLAS TX 75240

Title MGR

Name MOORE, JR., A. BRUCE Address ONE PARK PLAZA

City-State-Zip: NASHVILLE TN 37203

SIGNATURE: JOHN M. FRANCK II

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

04/28/2022 Date