## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 824217** 

Entity Name: AMERICAN MEDICORP DEVELOPMENT CO.

**Current Principal Place of Business:** 

ONE PARK PLAZA NASHVILLE, TN 37203

**Current Mailing Address:** 

**PO BOX 750** 

NASHVILLE. TN 37202 US

FEI Number: 23-1696018 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 23, 2015

**Secretary of State** 

CC3598053540

Officer/Director Detail:

Title DP Title DSVP

NameHAZEN, SAMUEL NNameSTINNETT, DONALD WAddressONE PARK PLAZAAddressONE PARK PLAZACity-State-Zip:NASHVILLE TN 37203City-State-Zip:NASHVILLE TN 37203

Title DVPA Title VP

NameFRANCK, JOHN M IINameGRUBBS, RONALD L JR.AddressONE PARK PLAZAAddressONE PARK PLAZA

City-State-Zip: NASHVILLE TN 37203 City-State-Zip: NASHVILLE TN 37203

Title SVPT Title VPS

NameGIGER, KEITH MNameCLINE, NATALIE HAddressONE PARK PLAZAAddressONE PARK PLAZACity-State-Zip:NASHVILLE TN 37203City-State-Zip:NASHVILLE TN 37203

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE H. CLINE VPS

Electronic Signature of Signing Officer/Director Detail

04/23/2015

Date