

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004023

**Entity Name:** PHYSICIAN PRACTICE SUPPORT, INC.

**Current Principal Place of Business:**

4000 MERIDIAN BLVD.  
FRANKLIN, TN 37067

**Current Mailing Address:**

4000 MERIDIAN BLVD.  
FRANKLIN, TN 37067

**FEI Number:** 62-1786874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title PD  
Name SCHWEINHART, MARTIN G  
Address 4000 MERIDIAN BLVD.  
City-State-Zip: FRANKLIN TN 37067

Title D  
Name CASH, W. LARRY  
Address 4000 MERIDIAN BLVD.  
City-State-Zip: FRANKLIN TN 37067

Title VP  
Name HAMMONS, KEVIN J  
Address 4000 MERIDIAN BLVD.  
City-State-Zip: FRANKLIN TN 37067

Title VPT  
Name DOUCETTE, JAMES W  
Address 4000 MERIDIAN BLVD.  
City-State-Zip: FRANKLIN TN 37067

Title DSEC  
Name SEIFERT, RACHEL A  
Address 4000 MERIDIAN BLVD.  
City-State-Zip: FRANKLIN TN 37067

*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:** RACHEL A SEIFERT

**SECRETARY**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date