

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007408

Entity Name: SUNCREST HEALTHCARE, INC.**Current Principal Place of Business:**510 HOSPITAL AVE
SUITE 100
MADISON, TN 37115**Current Mailing Address:**510 HOSPITAL AVE
SUITE 100
MADISON, TN 37115**FEI Number:** 20-3701127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	DANT, JOHN WIII
Address	510 HOSPITAL DRIVE, SUITE 100
City-State-Zip:	MADISON TN 37115

Title	EVP
Name	DUNN, BRENDA A
Address	510 HOSPITAL DR, SUITE 100
City-State-Zip:	MADISON TN 37115

Title	VP
Name	KIEHL, JOHN T
Address	510 HOSPITAL DR, SUITE 100
City-State-Zip:	MADISON TN 37115

Title	SVP
Name	HARRIS, MARTEE J
Address	510 HOSPITAL DR, SUITE 100
City-State-Zip:	MADISON TN 37115

Title	S
Name	BORCHERT, DON
Address	510 HOSPITAL DR, SUITE 100
City-State-Zip:	MADISON TN 37115

Title	TREASURER
Name	MAHOSKY, SCOTT
Address	510 HOSPITAL AVE SUITE 100
City-State-Zip:	MADISON TN 37115

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: DON BORCHERT**SECRETARY****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date