

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005299

Entity Name: EQUICLAIM, INC.

Current Principal Place of Business:

535 EAST DIEHL ROAD
SUITE 150
NAPERVILLE, IL 60563

FILED
Jun 10, 2013
Secretary of State
CC7705609753

Current Mailing Address:

ATTN: LA SONIA MOSS
3055 LEBANON PIKE, SUITE 1000
NASHVILLE, TN 37214 US

FEI Number: 26-3014624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324-2525 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 PRES
Name GEORGE, LAZENBY IIV
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title TREA
Name BOB, NEWPORT AJR.
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title SEC
Name GREGORY, STEVENS T
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title ASEC
Name LOWELL, STOKES
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title ASEC
Name DENISE, CEULE
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title VP
Name JEFF, KERLEY
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title VP, TAX
Name WISE, RICK
Address 3055 LEBANON PIKE,
 SUITE 1000
City-State-Zip: NASHVILLE TN 37214

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: DENISE CEULE

ASSISTANT SECRETARY 06/10/2013

Electronic Signature of Signing Officer/Director Detail

Date