

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05729

Entity Name: MEDIVISION OF TAMPA, INC.**Current Principal Place of Business:**ONE PARK PLAZA
NASHVILLE, TN 37203**Current Mailing Address:**P.O. BOX 750
NASHVILLE, TN 37202 US**FEI Number:** 04-2842160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION
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**Officer/Director Detail :**

Title DVPA
Name FRANCK, JOHN M II
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title VPS
Name CLINE, NATALIE H
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title SVPT
Name MORROW, J. WILLIAM B.
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title DP
Name BEASLEY, GREG
Address 13355 NOEL ROAD, STE. 1200
City-State-Zip: DALLAS TX 75240

Title VP
Name GRUBBS, RONALD L JR.
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title DSVP
Name MOORE, A. BRUCE JR.
Address ONE PARK PLAZA
City-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

04/21/2021

Electronic Signature of Signing Officer/Director Detail_____
Date