

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006460

Entity Name: MEDICREDIT, INC.

Current Principal Place of Business:

3620 I-70 DR. SE, SUITE C
COLUMBIA, MO 65201

Current Mailing Address:

ONE PARK PLAZA
LEGAL DEPT.
NASHVILLE, TN 37203 US

FEI Number: 43-1123539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Officer/Director Detail :

Title	DP	Title	CEO
Name	WARD, NICHOLAS E	Name	WARD, NICHOLAS E.
Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203
Title	ASST. SECRETARY, CFO		
Name	ROWLAND, MARK D		
Address	THREE CITY PLACE DRIVE, STE. 690		
City-State-Zip:	ST LOUIS MO 63141		

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: NICHOLAS E. WARD

PRESIDENT

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date