

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006460

Entity Name: MEDICREDIT, INC.**Current Principal Place of Business:**906 RAIN FOREST PARKWAY
COLUMBIA, MO 65202**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
Name	DAUCHOT, SHANNON
Address	1100 DR. MARTIN L. KING JR. BLVD., SUITE 1600
City-State-Zip:	NASHVILLE TN 37203

Title	CEO
Name	DAUCHOT, SHANNON
Address	1100 DR. MARTIN L. KING JR. BLVD., SUITE 1600
City-State-Zip:	NASHVILLE TN 37203

Title	VPS
Name	STEWART, AMY
Address	1100 DR. MARTIN L. KING JR. BLVD., SUITE 1600
City-State-Zip:	NASHVILLE TN 37203

Title	VPT
Name	TATUM, LARRY
Address	1100 DR. MARTIN L. KING JR. BLVD., SUITE 1600
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: SHANNON DAUCHOT**PRESIDENT****04/08/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date