



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000174146		2. Name of Corporation MEDICENTER, INC			
3. Street Address Principal Business Office 40 BURTON HILLSBOULEVARD, SUITE 200			City NASHVILLE	State TN	Zip 37215
4. Business Phone No. 615-665-3165		5. State of Incorporation OK			
6. Brief Description of the Character of Business Conducted in Rhode Island HEALTHCARE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND J FABIUS, M.D.			Vice President Name JAMES R MCKNIGHT		
Street Address 40 BURTON HILLS BLVD., SUITE 200			Street Address 40 BURTON HILLS BLVD., SUITE 200		
City NASHVILLE	State TN	Zip 37215	City NASHVILLE	State TN	Zip 37215
Secretary Name YURI ROZENFELD			Treasurer Name		
Street Address 40 BURTON HILLS BLVD., SUITE 200			Street Address		
City NASHVILLE	State TN	Zip 37215	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FRANK A MARTIN			Director Name		
Street Address 40 BURTON HILLS BOLULEVARD SUITE 200			Street Address		
City NASHVILLE	State TN	Zip 37215	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10000	COMMON	5.00	200	COMMON	5.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	MAR 04 2008
By	By 5424 KM
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature James R. McKnight, Jr. Date 2/21/08
Print or Type Name
VP & Controller
Title

**OFFICERS AND SOLE DIRECTOR
OF
MEDICENTER, INC.**

Frank A. Martin
R. Dixon Thayer
Raymond J. Fabius, M.D.
Bradley S. Wear

Yuri Rozenfeld

James R. McKnight, Jr.
Danny A. Nelms
Roseann Maillie

Chairman and Sole Director
Chief Executive Officer
President and Chief Medical Officer
Executive Vice President and Chief
Financial Officer
Senior Vice President, General Counsel
and Secretary and Chief Privacy
Compliance Officer
Vice President and Controller
Vice President, Human Resources
Assistant Secretary

All Officers and the Sole Director receive correspondence at:

Medicenter, Inc.
40 Burton Hills Blvd, Ste. 200
Nashville TN 37215

FILED
MAR 14 2008
By 174146

Effective as of September 1st, 2007.