



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

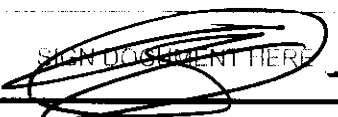
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2017 APR -3 AM 10:28

1. Entity ID Number 797012		2. Exact name of the Corporation Medical Reimbursements of America, Inc.	
3. Principal Office Address 6840 Carothers Parkway, Suite 150		City Franklin	State TN
		Zip 37067	
4. NAICS Code 56 - Administrative and Suppor	6. Brief description of the character of business conducted in Rhode Island Medical Account Billing		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Robert G. Stevens		Vice-President Name	
Street Address 541 Buttermilk Pike, Suite 401		Street Address	
City Crescent Springs	State KY	City	State
Zip 41017		Zip	
Secretary Name Robert G. Stevens		Treasurer Name Thomas A. Kaylor	
Street Address 541 Buttermilk Pike, Suite 401		Street Address 541 Buttermilk Pike, Suite 401	
City Crescent Springs	State KY	City Crescent Springs	State KY
Zip 41017		Zip 41017	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Max Osofsky		Director Name	
Street Address 699 Boylston, 14th Floor		Street Address	
City Boston	State MA	City	State
Zip 02116		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			PAR VALUE
			\$0.01
11. 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. 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.			
Name of Authorized Representative Chad Powers, General Counsel		Date March 31, 2017	
Signature of Authorized Representative 		FILED APR 20 2017 BY <u>CU 301475</u>	