

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213538936

1.) CORPORATION NAME:

**MedSolutions, Inc.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1561325**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 730 COOL SPRINGS BLVD  
STE 800

CITY/ST/ZIP: FRANKLIN, TN 37067

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CURTIS J THORNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO/P		
ADDRESS:	730 COOL SPRINGS BLVD		
	STE 800		
CITY/ST/ZIP/CO:	FRANKLIN, TN 37067		

NAME:	PHILIP S CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/AS		
ADDRESS:	730 COOL SPRINGS BLVD		
	STE 800		
CITY/ST/ZIP/CO:	FRANKLIN, TN 37067		

NAME:	THOMAS W LYLES JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18615 TUSCANY STONE		
	STE 200		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78258		

NAME:	GREGG ALLEN MD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF MED OFFICR		
ADDRESS:	730 COOL SPRINGS BLVD		
	STE 800		
CITY/ST/ZIP/CO:	FRANKLIN, TN 37067		

NAME:	DAVID BASSIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	730 COOL SPRINGS BLVD., SUITE 800		
CITY/ST/ZIP/CO:	FRANKLIN, TN 37067		

NAME: SATISH DAVE TITLE: CIO ADDRESS: 730 COOL SPRINGS BLVD STE 800 CITY/ST/ZIP/CO: FRANKLIN, TN 37067	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TERRENCE BURKE TITLE: DIRECTOR ADDRESS: 26611 NORTH POINT ROAD CITY/ST/ZIP/CO: EASTON, MD 21601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK H. CARTER TITLE: DIRECTOR ADDRESS: 200 CLARENDEN STREET CITY/ST/ZIP/CO: BOSTON, MA 02110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SAMUEL H. HAVENS TITLE: DIRECTOR ADDRESS: 16 WILDFLOWER ROAD CITY/ST/ZIP/CO: BARRINGTON, RI 02806	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HARRY R. JACOBSON TITLE: DIRECTOR ADDRESS: 3401 WEST END AVENUE, SUITE 300 CITY/ST/ZIP/CO: NASHVILLE, TN 37203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID LANG TITLE: DIRECTOR ADDRESS: 200 CLARENDEN STREET CITY/ST/ZIP/CO: BOSTON, MA 02110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES R. LEININGER TITLE: DIRECTOR ADDRESS: 8122 DATAPOINT DRIVE, SUITE 100 CITY/ST/ZIP/CO: SAN ANTONIA, TX 78229	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ PHILIP S CLARK	PHILIP S CLARK, GC/AS	8/21/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		