

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214537851

1.) CORPORATION NAME:

**MedSolutions, Inc.**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1561325**

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.

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

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

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

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

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ALAN D POENITSKE				
TITLE:	SVP				
ADDRESS:	730 COOL SPRINGS BLVD				
	STE 800				
CITY/ST/ZIP/CO:	FRANKLIN, TN 37067				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRENCE BURKE DIRECTOR 26611 NORTH POINT ROAD EASTON, MD 21601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK H. CARTER DIRECTOR 200 CLARENDEN STREET BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL H. HAVENS DIRECTOR 16 WILDFLOWER ROAD BARRINGTON, RI 02806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY R. JACOBSON DIRECTOR 3401 WEST END AVENUE SUITE 310 NASHVILLE, TN 37203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LANG DIRECTOR 200 CLARENDEN STREET BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R. LEININGER DIRECTOR 18615 TUSCANY STONE SUITE 200 SAN ANTONIO, TX 78258	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS W LYLES JR DIRECTOR 18615 TUSCANY STONE STE 200 SAN ANTONIO, TX 78258	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHILIP S CLARK, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/31/2014 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.			