

1.) CORPORATION NAME:

Physician Practice Support, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1672825**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

**B PAGE GRAVELY JR
4701 COX RD STE 400
GLEN ALLEN, VA 23060**

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: 4000 MERIDIAN BLVD

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: MARTIN G SCHWEINHART
TITLE: PRES/CEO
ADDRESS: 4000 MERIDIAN BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: W LARRY CASH
TITLE: EX VP/D
ADDRESS: 4000 MERIDIAN BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: T MARK BUFORD
TITLE: VICE PRESIDENT
ADDRESS: 4000 MERIDIAN BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: JAMES W DOUCETTE
TITLE: VP/T
ADDRESS: 4000 MERIDIAN BLVD
CITY/ST/ZIP/CO: FRANKLIN, TX 37067-

OFFICER

DIRECTOR

NAME: RACHEL A SEIFERT
TITLE: SVP/S
ADDRESS: 4000 MERIDIAN BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

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.

<u>/s/ RACHEL A SEIFERT</u>	<u>RACHEL A SEIFERT, SVP/S</u>	<u>6/22/2011</u>
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.