

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004185

Entity Name: RIVERMEND HEALTH BILLING LLC

Current Principal Place of Business:

1675 PALM BEACH LAKES BOULEVARD
SUITE 710
WEST PALM BEACH, FL 33401

Current Mailing Address:

2300 WINDY RIDGE PARKWAY SE
SUITE 210 S
ATLANTA, GA 30339 US

FEI Number: 65-1152167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CONNIE BRYAN

04/27/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name RIVERMEND HEALTH LLC
Address 2300 WINDY RIDGE PARKWAY
 SUITE 210 S
City-State-Zip: ATLANTA HI 30339

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETSY EDELMAN

GC/SEC AUTHORIZED
SIGNER

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date