

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107590

Entity Name: PAYROLL HOLDINGS, LLC**Current Principal Place of Business:**200 CORPORATE BLVD.
LAFAYETTE, LA 70508**Current Mailing Address:**ATTN: ENTITY MANAGEMENT
200 CORPORATE BLVD
LAFAYETTE, LA 70508 US**FEI Number:** 26-3716546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name D'AMARO, RICHARD
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

Title CFO
Name DOLAN, THOMAS
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

Title MANAGER, CHIEF COMPLIANCE OFFICER
Name CRASS, SARAH
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

Title VP & SECRETARY
Name FALK, LISHA
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

Title GENERAL COUNSEL
Name DOMENGEAUX, RYAN
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

Title MANAGER, PRESIDENT, HPP EM & HM SERVICES
Name SCHILLINGER, JEFFREY
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

Title MANAGER, DIVISION CHIEF MEDICAL OFFICER
Name SCHILLINGER, DAVID DR
Address 200 CORPORATE BLVD.
City-State-Zip: LAFAYETTE LA 70508

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: LISHA FALK

VP & SECRETARY

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date