

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142742

Entity Name: MEDIGARD COST CONTAINMENT SERVICES, LLC.

Current Principal Place of Business:

240 EAST CENTRAL PARKWAY, SUITE 4010
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 166002
ALTAMONTE SPRINGS, FL 32716-6002

FEI Number: 32-0367026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGRM
Name TRICENDENT RISK HOLDINGS, LLC
Address 240 EAST CENTRAL PARKWAY, SUITE
4010
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: MARJI POTTER

COMPLIANCE ANALYST

01/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date