

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061122

**Entity Name:** CONIFER PATIENT COMMUNICATIONS, LLC

**Current Principal Place of Business:**

3560 DALLAS PARKWAY  
FRISCO, TX 75034

**Current Mailing Address:**

3560 DALLAS PARKWAY  
FRISCO, TX 75034 US

**FEI Number:** 20-2119632

**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            SOLE MANAGER  
Name            MOONEY, STEPHEN M  
Address        3560 DALLAS PARKWAY  
City-State-Zip: FRISCO TX 75034

Title            MEMBER  
Name            CONIFER HEALTH SOLUTIONS, LLC  
Address        3560 DALLAS PARKWAY  
City-State-Zip: FRISCO TX 75034

*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:** STEPHEN MOONEY

**SOLE MANAGER**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date