2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149255

Entity Name: PMSI SETTLEMENT SOLUTIONS, LLC

Current Principal Place of Business:

6410 POPLAR AVE. SUITE 800 MEMPHIS, TN 38119

Current Mailing Address:

6410 POPLAR AVE. SUITE 800 MEMPHIS, TN 38119 US

FEI Number: 59-3166848

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

Authorized Person(s) Detail :

	Title	MANAGER	Title	MANAGER
	Name	FARMER, DAVID CROWN	Name	OBERG, DAVID JOHN
	Address	6410 POPLAR AVE.	Address	17900 VON KARMAN AVE.
	City-State-Zip:	SUITE 800 MEMPHIS TN 38119	City-State-Zip:	IRVINE CA 92614
	Title	MANAGER	Title	MANAGER
	Name	LANG, HEATHER ANASTASIA	Name	BENCIVENGA, JOHN WILLIAM
	Address	00 BREN ROAD EAST	Address	175 KELSEY LANE
	City-State-Zip:	MINNETONKA MN 55343	City-State-Zip:	TAMPA FL 33619
			Title	MANAGER
	Title	MANAGER	Name	GILL, PETER MARSHALL
	Name	PETERSON, KAREN ELIZABETH	Address	9900 BREN ROAD EAST
	Address	1600 MCCONNOR PARKWAY	City-State-Zip:	MINNETONKA MN 55343
	City-State-Zip:	SCHAUMBURG IL 60173		
	Title	MANAGER	Title	MANAGER
			Name	GROSKLAGS, JEFFREY DAVID
	Name Address	YOUNG, DAVID WAYNE 7105 MOORES LANE	Address	11020 OPTUM CIRCLE MN102-0800
	City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	EDEN PRAIRIE MN 55344

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: HEATHER ANASTASIA LANG

MANAGER

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date