

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000028855

Entity Name: COGNIZANT HEALTH LLC

Current Principal Place of Business:

1415 PANTHER LANE
NAPLES, FL 34103

Current Mailing Address:

250 PARK SHORE DR
202
NAPLES, FL 34103 US

FEI Number: 81-1522777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODS, WEIDENMILLER, MICHETTI & RUDNICK PL
9045 STRADA STELL COURT
FOURTH FLOOR
NAPLES, FL 34109 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 MGR
Name HAGSTROM, ALAN KYLE
Address 1415 PANTHER LANE
City-State-Zip: NAPLES FL 34109

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: ALAN HAGSTROM

MGR

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date