

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001295

**Entity Name:** PROVIDER SYNERGIES, L.L.C.**Current Principal Place of Business:**2900 AMES CROSSING ROAD  
EAGAN, MN 55121**Current Mailing Address:**2900 AMES CROSSING ROAD  
EAGAN, MN 55121 US**FEI Number:** 31-1597878**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	MANAGER
Name	KAMAL, MOSTAFA
Address	2900 AMES CROSSING ROAD
City-State-Zip:	EAGAN MN 55121

Title	MANAGER
Name	KOLAR, MIKE
Address	2900 AMES CROSSING ROAD
City-State-Zip:	EAGAN MN 55121

Title	MANAGER
Name	KNIBB, CHRIS
Address	2900 AMES CROSSING ROAD
City-State-Zip:	EAGAN MN 55121

*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:** MOSTAFA KAMAL

MANAGER

03/14/2023

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