

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004978

Entity Name: ONENET PPO, LLC

Current Principal Place of Business:

800 KING FARM BOULEVARD, SUITE 600
ROCKVILLE, MD 20850

Current Mailing Address:

800 KING FARM BOULEVARD, SUITE 600
ROCKVILLE, MD 20850 US

FEI Number: 52-2129786

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 MEMBER
Name UNITEDHEALTHCARE INSURANCE
COMPANY
Address 185 ASYLUM STREET
City-State-Zip: HARTFORD CT 06103-0450

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: UNITEDHEALTHCARE INSURANCE COMPANY

MEMBER

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date