2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2017
Secretary of State
CC9740830950

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Entity Name: SIMIONE HEALTHCARE CONSULTANTS, LLC

Current Principal Place of Business:

4130 WHITNEY AVE
HAMDEN, CT 06518

Current Mailing Address:

4130 WHITNEY AVE
HAMDEN, CT 06518

FEI Number: 06-1628952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM RJR
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801 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	SIMIONE, WILLIAM JIII
Address	4130 WHITNEY AVE
City-State-Zip:	HAMDEN CT 06518

Title	MGR
Name	ENTIN, MARIAN
Address	25213 WOODFIELD SCHOOL ROAD
City-State-Zip:	GAITHERSBURG MD 20882

Title	MGR
Name	LAPIN, ELISABETH
Address	176 E. MAIN STREET
City-State-Zip:	WESTBOROUGH MA 01518

Title	MANAGER
Name	FERRIS, MIKE
Address	103 DORSET POINT
City-State-Zip:	CHAPEL HILL NC 27516

Title	MANAGER
Name	BERMAN, DAVID
Address	4130 WHITNEY AVE
City-State-Zip:	HAMDEN CT 06518

Title	MANAGER
Name	TSIAMES, MARK
Address	4130 WHITNEY AVE
City-State-Zip:	HAMDEN CT 06518

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: WILLIAM J SIMIONE III — MANAGING PRINCIPAL — 01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date