

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002445

**Entity Name:** INFORMED MEDICAL MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

3560 DALLAS PARKWAY  
FRISCO, TX 75034

**Current Mailing Address:**

3560 DALLAS PARKWAY  
FRISCO, TX 75034 US

**FEI Number:** 26-3993963

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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:** KIMBERLY BAGGETT

02/26/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           SOLE MANAGER  
Name           MOONEY, STEPHEN M  
Address        3560 DALLAS PARKWAY  
City-State-Zip: FRISCO TX 75034

Title           PRESIDENT  
Name           NORTH, MEGAN C  
Address        15821 VENTURA BLVD  
                  600  
City-State-Zip: ENCINO CA 91436

Title           MEMBER  
Name           CONIFER VALUE-BASED CARE, LLC  
Address        3560 DALLAS PARKWAY  
City-State-Zip: FRISCO TX 75034

*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:** STEPHEN MOONEY

SOLE MANAGER

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date