**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002445

**Entity Name:** CONIFER CARE CONTINUUM SOLUTIONS, LLC

**FILED**
**Apr 02, 2015**
**Secretary of State**
**CC5947543287**

**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 04/02/2015

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 04/02/2015

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