2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000010187

Entity Name: INNOVISTA, LLC

Current Principal Place of Business:

ONE WESTBROOK CORPORATE CENTER, SUITE 940

WESTCHESTER, IL 60154

Current Mailing Address:

ONE WESTBROOK CORPORATE CENTER, SUITE 940 WESTCHESTER, IL 60154 US

FEI Number: 30-0802612 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: AMANDA FARRELL. ASSISTANT VICE PRESIDENT 01/16/2017

Electronic Signature of Registered Agent

Date

FILED Jan 16, 2017

Secretary of State

CC2960367791

Authorized Person(s) Detail :

Title Title MGR MGR

Name SMITH, MAURICE Name AVNER, KENNETH S

HEALTH CARE SERVICE Address Address **HEALTH CARE SERVICE**

CORPORATION CORPORATION 300 E RANDOLPH 300 E RANDOLPH

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO FL 60601

Title **MGR** Title MGR

ERNEST, OPELLA M.D. Name HAMMAN, STEPHEN F Name

Address HEALTH CARE SERVICE Address **HEALTH CARE SERVICES**

CORPORATION CORPORATION 300 E RANDOLPH 300 E RANDOLPH

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title MGR Title MGR

Name MARCONCINI, GLEN Name MCDONALD, CARL

Address PRECEDENT HEALTH INC. 103 Address **HEALTH CARE SERVICES**

CORPORATION CONTINENTAL PL 300 E RANDOLPH **BRENTWOOD TN 37027**

City-State-Zip: CHICAGO IL 60601 City-State-Zip:

Title MGR

Title O/P/CEO Name TOWSLEY, JACK

Name STEINLE, RICHARD L 1001 EAST LOOKOUT DR Address

Address INNOVISTA LLC City-State-Zip: RICHARDSON TX 75082

7708 RIALTO BLVD

AUSTIN TX 78735 City-State-Zip:

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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.

01/16/2017 SIGNATURE: TERESE FEENEY VICE PRESIDENT OF **FINANCE**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

O/COO Title

Name MCCORMICK, DAVID

Address INNOVISTA, LLC

7708 RIALTO BLVD

AUSTIN TX 78735 City-State-Zip:

S Title

LIM, ARLENE Name

Address HEALTH CARE SERVICE CORPORATION

300 E RANDOLPH

CHICAGO IL 60601 City-State-Zip:

Title ASST. SEC

BRANDES, EDWARD P Name

Address HEALTH CARE SERVICE CORPORATION

300 E RANDOLPH

City-State-Zip: CHICAGO IL 60601

O/VP OF FINANCE Title

FEENEY, TERESE Address ONE WESTBROOK CORPORATE

CENTER, SUITE 940

WESTCHESTER IL 60154 City-State-Zip:

Title Т

Name

Name MALLEN, JERRY

Address **HEALTH CARE SERVICE**

CORPORATION 300 E RANDOLPH

CHICAGO IL 60601 City-State-Zip: