

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000000652

Entity Name: SYNZI, LLC**Current Principal Place of Business:**200 CENTRAL AVE
STE 2000
ST.PETERSBURG, FL 33701**Current Mailing Address:**200 CENTRAL AVE
STE 2000
ST.PETERSBURG, FL 33701 US**FEI Number:** 82-3616733**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: CEO
Name: SALKA, SUSAN
Address: 8840 CYPRESS WATERS BLVD
SUITE 300 STE 2000
City-State-Zip: COPPELL TX 75019

Title: CHIEF LEGAL OFFICER AND
CORPORATE SECRETARY
Name: JACKSON, DENISE
Address: 8840 CYPRESS WATERS BLVD
SUITE 300 STE 2000
City-State-Zip: COPPELL TX 75019

Title: CHIEF INFORMATION AND DIGITAL
OFFICER
Name: HAGAN, MARK
Address: 12400 HIGH BLUFF DRIVE
SUITE 100
City-State-Zip: SAN DIEGO CA 92130

Title: CFO AND TREASURER
Name: KNUDSON, JEFFREY
Address: 8840 CYPRESS WATERS BLVD
SUITE 300 STE 2000
City-State-Zip: COPPELL TX 75019

Title: ASST. SECRETARY
Name: LAUGHLIN, WHITNEY
Address: 8840 CYPRESS WATERS BLVD
SUITE 300
City-State-Zip: COPPELL TX 75019

Title: CHIEF EXPERIENCE AND CLINICAL
OFFICER
Name: EDMONSON, J. COLE
Address: 8840 CYPRESS WATERS BLVD
SUITE 300
City-State-Zip: COPPELL TX 75019

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: WHITNEY LAUGHLIN**ASSISTANT SECRETARY** 04/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date