2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 25, 2020
Secretary of State
1677780001CC

DOCUMENT# M19000009253

Entity Name: RENAI HEALTH IPA, LLC

Current Principal Place of Business:

5995 OPUS PARKWAY
MN082-N200
MINNETONKA, MN 55343

Current Mailing Address:

5995 OPUS PARKWAY
MN082-N200
MINNETONKA, MN 55343 US

FEI Number: 82-3161933

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	ASSISTANT SECRETARY	Title	TREASURER
Name	LANG, HEATHER ANASTASIA	Name	GILL, PETER MARSHALL
Address	5995 OPUS PARKWAY MN082-N200	Address	5995 OPUS PARKWAY MN082-N200
City-State-Zip:	MINNETONKA MN 55343	City-State-Zip:	MINNETONKA MN 55343
Title	SECRETARY	Title	CEO
Name	WISTED, THOMAS J.	Name	CONLIN, JAMES E.
Address	5995 OPUS PARKWAY MN082-N200	Address	5995 OPUS PARKWAY MN082-N200
City-State-Zip:	MINNETONKA MN 55343	City-State-Zip:	MINNETONKA MN 55343
Title	MANAGER		
Name	WEBB, ROBERT THOMAS		
Address	5995 OPUS PARKWAY MN082-N200		
City-State-Zip:	MINNETONKA MN 55343		

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: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 08/25/2020

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