

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000330

Entity Name: CROWE HEALTHCARE RISK CONSULTING LLC

Current Principal Place of Business:

9045 RIVER ROAD SUITE 450
INDIANAPOLIS, IN 45240

Current Mailing Address:

9045 RIVER ROAD SUITE 450
INDIANAPOLIS, IN 45240 US

FEI Number: 43-1780399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MEMBER
Name BANG, DEREK
Address 9045 RIVER ROAD SUITE 450
City-State-Zip: INDIANAPOLIS IN 45240

Title MEMBER
Name GAUTSCHI, DANIEL
Address 9045 RIVER ROAD SUITE 450
City-State-Zip: INDIANAPOLIS IN 45240

Title CONTROLLER
Name WEBER, JENNIFER
Address 9045 RIVER ROAD SUITE 450
City-State-Zip: INDIANAPOLIS IN 45240

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: JENNIFER WEBER

CONTROLLER

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date