

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003264

Entity Name: CONVEY HEALTH SOLUTIONS, INC.**Current Principal Place of Business:**100 SE 3RD AVE
26TH FLOOR
FORT LAUDERDALE, FL 33394**Current Mailing Address:**P.O. BOX 266290
WESTON, FL 33326-6290 US**FEI Number: 06-1688360****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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**Officer/Director Detail :**

Title	CFO	Title	CEO
Name	FAIRBANKS, TIM	Name	FARRELL, STEPHEN
Address	100 SE 3RD AVE 14TH FLOOR	Address	100 SE 3RD AVE 14TH FLOOR
City-State-Zip:	FORT LAUDERDALE FL 33394	City-State-Zip:	FORT LAUDERDALE FL 33394

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIM FAIRBANKS**CFO****03/23/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date