

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000493

**Entity Name:** PARALLON REVENUE CYCLE SERVICES, INC.**Current Principal Place of Business:**1 PARK PLAZA  
NASHVILLE, TN 27203**Current Mailing Address:**PO BOX 750  
NASHVILLE, TN 37202**FEI Number:** 43-1749862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

**Officer/Director Detail :**

Title P  
Name DAUCHOT, SHANNON  
Address 1100 DR. MARTIN L. KING, JR. BLVD.  
SUITE 1600  
City-State-Zip: NASHVILLE TN 37203

Title VPS  
Name CLINE, NATALIE H  
Address 1 PARK PLAZA  
City-State-Zip: NASHVILLE TN 27203

Title DSVP  
Name WYATT, CHRISTOPHER F  
Address 1 PARK PLAZA  
City-State-Zip: NASHVILLE TN 27203

Title VP  
Name GRUBBS, RONALD LEE JR.  
Address 1 PARK PLAZA  
City-State-Zip: NASHVILLE TN 27203

Title DVP  
Name FRANCK, JOHN M II  
Address 1 PARK PLAZA  
City-State-Zip: NASHVILLE TN 27203

Title SVPT  
Name HACKETT, JOHN M.  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title DSVP  
Name MARKS, MICHAEL A.  
Address 1 PARK PLAZA  
City-State-Zip: NASHVILLE TN 27203

*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:** NATALIE H. CLINE

VPS

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date