

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M01000001295

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** PROVIDER SYNERGIES, L.L.C.

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**New Principal Place of Business:**

4300 COX ROAD  
GLEN ALLEN, VA 23060

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**New Mailing Address:**

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

**FEI Number:** 31-1597878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:** CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** LERER, RENE  
**Address:** 55 NOD ROAD  
**City-St-Zip:** AVON, CT 06001

**Title:** MGR  
**Name:** RUBIN, JONATHAN  
**Address:** 55 NOD ROAD  
**City-St-Zip:** AVON, CT 06001

**Title:** MGR  
**Name:** GREGOIRE, DANIEL  
**Address:** 55 NOD ROAD  
**City-St-Zip:** AVON, CT 06001

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DANIEL N. GREGOIRE

MGR

03/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date