

4/30/2019

**MIA000004328**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**CHANGE HEALTHCARE BUSINESS FULFILLMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2019 APR 30 PM 2:10

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Corporate Filing Menu

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MAY 1 2019

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Change Healthcare Business Fulfillment, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. May 1, 2019

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine liability liability)

5. 3055 Lebanon Pike, Suite 1000

(Street Address of Principal Office)

Nashville, TN 37214

6. 3535 Piedmont Road, NE

(Mailing Address)

Building 14, Suite 600

Atlanta, GA 30305

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By:

C T Corporation System

(Registered agent's signature)

Kimberly Bowens, Asst. Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Neil E. deCrescenzo

☐ Member Address: \_\_\_\_\_

☐ Authorized 3055 Lebanon Pike, Suite 1000

Person Nashville, TN 37214

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Fredrik J. Eliasson

☐ Member Address: \_\_\_\_\_

☐ Authorized 5995 Windward Parkway

Person Alpharetta, GA 30005

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Paul Rareshide

☐ Member Address: \_\_\_\_\_

☐ Authorized 5995 Windward Parkway

Person Alpharetta, GA 30005

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Loretta A. Cecil

☐ Member Address: \_\_\_\_\_

☐ Authorized 5995 Windward Parkway

Person Alpharetta, GA 30005

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Derrick Kirkwood

☐ Member Address: \_\_\_\_\_

☐ Authorized 3055 Lebanon Pike, Suite 1000

Person Nashville, TN 37214

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Dennis Robbins

☐ Member Address: \_\_\_\_\_

☐ Authorized 3055 Lebanon Pike, Suite 1000

Person Nashville, TN 37214

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Loretta A. Cecil*

Signature of an authorized person

Loretta A. Cecil, Manager

4/29/2019

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CHANGE HEALTHCARE BUSINESS  
FULFILLMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF  
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR  
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF  
APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
PAID TO DATE.

FILED  
2019 APR 30 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SR# 20193334562

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202733943

Date: 04-30-19