

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57437

Entity Name: PARITY HEALTHCARE, INC.**Current Principal Place of Business:**1A BURTON HILLS BLVD
NASHVILLE, TN 37215**Current Mailing Address:**1A BURTON HILLS BLVD
NASHVILLE, TN 37215 US**FEI Number:** 65-0360536**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, DIRECTOR
Name CHUANG MD, CHAN-CHOU
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title TREASURER
Name CHARPENTIER, JASON
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title SECRETARY, SENIOR VICE
PRESIDENT
Name MOORE, ILENE
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title VP
Name MUSSO, MATTHEW
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

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: ILENE MOORE**SECRETARY****04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date