2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: CONNEXTIONS HCI, LLC

Current Principal Place of Business:

9395 S. JOHN YOUNG PARKWAY
ORLANDO, FL 32819

Current Mailing Address:

9395 S. JOHN YOUNG PARKWAY
ORLANDO, FL 32819 US

FEI Number: 20-1825933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Authorized Person(s) Detail :

Title	MANAGER
Name	COSTA, JOEL RICHARD
Address	11000 OPTUM CIRCLE
City-State-Zip:	EDEN PRAIRIE MN 55344

Title	MANAGER
Name	WEISSEL, MICHAEL E.
Address	100 QUANNAPOWITT PKWY SUITE 405 MA023-3000
City-State-Zip:	WAKEFIELD MA 01880

Title	MANAGER
Name	DECKMANN, NATASHA SALIJ
Address	ONE PENN PLAZA FL 8 NY036-1000
City-State-Zip:	NEW YORK NY 10119

Title	MEMBER
Name	CONNEXTIONS, INC.
Address	9395 S. JOHN YOUNG PARKWAY
City-State-Zip:	ORLANDO FL 32819

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONNEXTIONS, INC. MEMBER 04/09/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date