2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: FLDIC PRACTICE SOLUTIONS, LLC

Current Principal Place of Business:

4651 SALISBURY RD STE 410
JACKSONVILLE, FL 32256

Current Mailing Address:

4651 SALISBURY RD STE 410
JACKSONVILLE, FL 32256 US

FEI Number: 26-0813815

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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: KARA M. RICCI 01/09/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	FLORIDA DOCTORS HOLDING COMPANY
Address	4651 SALISBURY RD STE 410
City-State-Zip:	JACKSONVILLE FL 32256

Title	SVP & CHIEF FINANCIAL OFFICER
Name	JOHNSON, MARK D.
Address	6034 WEST COURTYARD DR. STE. 310
City-State-Zip:	AUSTIN TX 78730

Title	VP, FINANCE & CONTROLLER
Name	MEISEL, DENNIS ALLEN
Address	1700 BENT CREEK BOULEVARD
City-State-Zip:	MECHANICHSBURG PA 17055

Title	DIRECTOR/MANAGER & PRESIDENT
Name	DIENER, THEODORE SCOTT
Address	560 DAVIS ST. STE. 200
City-State-Zip:	SAN FRANCISCO CA 94111

Title	SVP, CHIEF LEGAL OFFICER, & CORPORATE SECRETARY
Name	RICCI, KARA M.
Address	560 DAVIS ST. STE. 200
City-State-Zip:	SAN FRANCISCO CA 94111

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: KARA RICCI SVP, CLO, CCO & CORPORATE SECRETARY 01/09/2017

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