

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006134

Entity Name: CHANGE HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

424 CHURCH STREET
SUITE 1400
NASHVILLE, TN 37219

Current Mailing Address:

424 CHURCH STREET
SUITE 1400
NASHVILLE, TN 37219 US

FEI Number: 20-5716594

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: CT CORPORATION SYSTEM

04/18/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name CHANGE HEALTHCARE
OPERATIONS, LLC
Address 424 CHURCH STREET
SUITE 1400
City-State-Zip: NASHVILLE TN 37219

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: CHANGE HEALTHCARE OPERATIONS, LLC

MEMBER

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date