

**2022 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

03/30/2022

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

Title SECRETARY  
Name CECIL, LORETTA  
Address 5995 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

*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:** LORETTA CECIL

SECRETARY

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date