

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006134

Entity Name: CHANGE HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

3055 LEBANON PIKE, SUITE 1000
NASHVILLE, TN 37214

Current Mailing Address:

3055 LEBANON PIKE, SUITE 1000
NASHVILLE, TN 37214 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

05/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name CHANGE HEALTHCARE LLC
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

Title AUTHORIZED PERSON OF THE MEMBER
Name CECIL, LORETTA A.
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

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 A. CECIL

**AUTHORIZED PERSON
OF THE MEMBER**

05/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date