

2016 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:

ATTN: LA SONIA MOSS
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------------------|-----------------|-------------------------------|
| Title | MANAGING MEMBER | Title | ASSISTANT SECRETARY |
| Name | CHANGE HEALTHCARE OPERATIONS, LLC | Name | CEULE, DENISE |
| Address | 3055 LEBANON PIKE, SUITE 1000 | Address | 3055 LEBANON PIKE, SUITE 1000 |
| City-State-Zip: | NASHVILLE TN 37214 | 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: DENISE CEULE

ASSISTANT SECRETARY 03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date