

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004946

Entity Name: TMX HEALTHCARE TECHNOLOGIES, LLC

Current Principal Place of Business:

5451 LAKEVIEW PKWY S DR
INDIANAPOLIS, IN 46268

Current Mailing Address:

5451 LAKEVIEW PKWY S DR
INDIANAPOLIS, IN 46268 US

FEI Number: 46-1726172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 N CALHOUN ST
SUITE 4
TALLAHASSEE, FL 32301 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 SOLE MEMBER
Name TRIMEDX HOLDINGS, LLC
Address 5451 LAKEVIEW PKWY S DR
City-State-Zip: INDIANAPOLIS IN 46268

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL, SECRETARY
Name FISHER, ART
Address 5451 LAKEVIEW PKWY S DR
City-State-Zip: INDIANAPOLIS IN 46268

Title CFO
Name DUNKERLEY, CHRIS
Address 5451 LAKEVIEW PKWY S DR
City-State-Zip: INDIANAPOLIS IN 46268

Title CEO
Name HUMMEL, HENRY
Address 5451 LAKEVIEW PKWY S DR
City-State-Zip: INDIANAPOLIS IN 46268

Title EXECUTIVE VICE PRESIDENT OPERATIONS
Name KAHN, JAY
Address 5451 LAKEVIEW PKWY S DR
City-State-Zip: INDIANAPOLIS IN 46268

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: ART FISHER

SENIOR VICE
PRESIDENT, GENERAL
COUNSEL, SECRETARY

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date