

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005704

Entity Name: SIGNATURE HEALTHCARE CLINICAL CONSULTING SERVICES, LLC

Current Principal Place of Business:

12201 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

Current Mailing Address:

12201 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

FEI Number: 26-0588289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO
Name STEIER, E. JOSEPH III
Address 12201 BLUEGRASS PARKWAY
City-State-Zip: LOUISVILLE KY 40299

Title OTHER, GENERAL COUNSEL/CLO
Name BECK, DAVID
Address 12201 BLUEGRASS PARKWAY
City-State-Zip: LOUISVILLE KY 40299

Title CFO
Name HARRISON, JOHN
Address 12201 BLUEGRASS PARKWAY
City-State-Zip: LOUISVILLE KY 40299

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: DAVID BECK

GENERAL COUNSEL/CLO 04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date