2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2014
Secretary of State
CC6642388203

DOCUMENT# M08000001861

Entity Name: PATIENTPOINT NETWORK SOLUTIONS, LLC

Current Principal Place of Business:

8230 MONTGOMERY ROAD, SUITE 300
CINCINNATI, OH 45236

Current Mailing Address:

8230 MONTGOMERY ROAD, SUITE 300
CINCINNATI, OH 45236

FEI Number: 77-0701013

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	CFO	Title	MANAGING MEMBER
Name	GREGORY , ROBINSON	Name	PATIENTPOINT HOLDINGS, INC.
Address	8230 MONTGOMERY RD SUITE 300	Address	8230 MONTGOMERY ROAD, SUITE 300
City-State-Zip:	CINCINNATI OH 45236	City-State-Zip:	CINCINNATI OH 45236

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: EMMA EVANS CORPORATE PARALEGAL 04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date