#### **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001861

Entity Name: PATIENTPOINT NETWORK SOLUTIONS, LLC

FILED Feb 07, 2023 Secretary of State 8188017957CC

# **Current Principal Place of Business:**

5901 E. GALBRAITH ROAD SUITE R1000 CINCINNATI, OH 45236

# **Current Mailing Address:**

5901 E. GALBRAITH ROAD SUITE R1000 CINCINNATI, OH 45236 US

FEI Number: 77-0701013 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC, 155 OFFICE PLAZA DR SUITE A 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: MIMI MCGEE 02/07/2023

Electronic Signature of Registered Agent Date

# Authorized Person(s) Detail:

Title MANAGING MEMBER Title SECRETARY

Name PATIENTPOINT HOLDINGS, INC. Name O'BRIEN, PATRICK

Address 5901 E. GALBRAITH ROAD Address 5901 E. GALBRAITH ROAD

SUITE R1000 SUITE R1000

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.

Electronic Signature of Signing Authorized Person(s) Detail

**SECRETARY** 

02/07/2023