

2017 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000001861

Entity Name: PATIENTPOINT NETWORK SOLUTIONS, LLC

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

09/26/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name PATIENTPOINT HOLDINGS, INC.
Address 5901 E. GALBRAITH ROAD
SUITE R1000
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: MIMI MCGEE

AUTHORIZED FILER

09/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date