

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002260

Entity Name: PREMISE HEALTH EMPLOYER SOLUTIONS, LLC**Current Principal Place of Business:**5500 MARYLAND WAY
SUITE 200
BRENTWOOD, TN 37027**Current Mailing Address:**5500 MARYLAND WAY
SUITE 200
BRENTWOOD, TN 37027 US**FEI Number:** 62-1625299**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 | MEMBER |
| Name | PREMISE HEALTH SYSTEMS, INC. |
| Address | 5500 MARYLAND WAY SUITE 200 |
| City-State-Zip: | BRENTWOOD TN 37027 |

| | |
|-----------------|--------------------------------|
| Title | PRESIDENT |
| Name | RILEY, TRENT |
| Address | 5500 MARYLAND WAY SUITE 200 |
| City-State-Zip: | BRENTWOOD TN 37027 |

| | |
|-----------------|--------------------------------|
| Title | ASST. SECRETARY |
| Name | FARRINGTON, SHANNON |
| Address | 5500 MARYLAND WAY SUITE 200 |
| City-State-Zip: | BRENTWOOD TN 37027 |

| | |
|-----------------|--------------------------------|
| Title | SECRETARY |
| Name | WRIGHT, WILLIAM |
| Address | 5500 MARYLAND WAY SUITE 200 |
| City-State-Zip: | BRENTWOOD TN 37027 |

| | |
|-----------------|--------------------------------|
| Title | VP |
| Name | SCRIVENER, BRETT |
| Address | 5500 MARYLAND WAY SUITE 200 |
| City-State-Zip: | BRENTWOOD TN 37027 |

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: WILLIAM D. WRIGHT**SECRETARY****05/03/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date