## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006304

Entity Name: PARALLON HEALTH INFORMATION SOLUTIONS, LLC

FILED
Apr 06, 2021
Secretary of State
9290169527CC

**Current Principal Place of Business:** 

ONE PARK PLAZA NASHVILLE, TN 37203

## **Current Mailing Address:**

ONE PARK PLAZA LEGAL DEPT NASHVILLE. TN 37203

FEI Number: 61-1664600 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT 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 MGR Title MGR

Name RUTHERFORD, WILLIAM B Name WYATT, CHRISTOPHER F

Address ONE PARK PLAZA Address ONE PARK PLAZA

City-State-Zip: NASHVILLE TN 37203 City-State-Zip: NASHVILLE TN 37203

Title MGR

Name FRANCK II, JOHN M
Address ONE PARK PLAZA
City State 7in: NASHVILLE TN 2720

City-State-Zip: NASHVILLE TN 37203

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: JOHN M. FRANCK II MGR

Electronic Signature of Signing Authorized Person(s) Detail

04/06/2021 Date