

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000004131

Entity Name: MEDICAID ELIGIBILITY & DENIAL SOLUTIONS, LLC**Current Principal Place of Business:**100 TREEMONTE DRIVE
ORANGE CITY, FL 32763**Current Mailing Address:**100 TREEMONTE DRIVE
ORANGE CITY, FL 32763 US**FEI Number:** 46-0608830**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 MGRM
Name HAMILTON, TODD M
Address 875 N MICHIGAN AVE STE 4040
City-State-Zip: CHICAGO IL 60611

Title MANAGER
Name TOLMIE, DAVID M.
Address 900 N. MICHIGAN AVENUE
SUITE 1800
City-State-Zip: CHICAGO IL 60611

Title MANAGER
Name NELSON, GORDON L. JR.
Address 27 MAIN STREET
2ND FLOOR
City-State-Zip: CONCORD MA 01742

Title MANAGER
Name BROWN, SCOTT C.
Address 900 N. MICHIGAN AVENUE
SUITE 1800
City-State-Zip: CHICAGO IL 60611

Title MANAGER
Name GORDON, JAMES A.
Address 900 N. MICHIGAN AVENUE
SUITE 1800
City-State-Zip: CHICAGO IL 60611

Title MANAGER
Name ZALAZNICK, DAVID W.
Address 9 WEST 57TH STREET
33RD FLOOR
City-State-Zip: NEW YORK NY 10019

Title MANAGER
Name LANSCIONI, TODD J.
Address 875 N. MICHIGAN AVENUE
SUITE 4020
City-State-Zip: CHICAGO IL 60611

Title MANAGER
Name SHEA, MICHAEL A.
Address 1905 STONEGATE ROAD
City-State-Zip: LOUISVILLE KY 40223

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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: STEVEN L. RIST**AUTHORIZED
REPRESENTATIVE****01/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED REPRESENTATIVE
Name	RIST, STEVEN L.
Address	4520 MAIN STREET, SUITE 1100
City-State-Zip:	KANSAS CITY MO 64111