

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001336

Entity Name: CONNECTEDHEALTH, LLC

Current Principal Place of Business:

18500 W CORPORATE DRIVE
SUITE 250
BROOKFIELD, WI 53045

Current Mailing Address:

18500 W CORPORATE DRIVE
SUITE 250
BROOKFIELD, WI 53045 US

FEI Number: 27-0168365

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 MANAGER
Name SURGES, JEFFREY
Address 18500 W CORPORATE DRIVE
 SUITE 250
City-State-Zip: BROOKFIELD WI 53045

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: JEFFREY SURGES

MANAGER

03/06/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date