

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000000146

Entity Name: ALTEGRA HEALTH CONNECTIONS, LLC

Current Principal Place of Business:

1725 N. COMMERCE PARKWAY
WESTON, FL 33327

Current Mailing Address:

3055 LEBANON PIKE, SUITE 1000
NASHVILLE, TN 37214 US

FEI Number: 46-0809500

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 AUTHORIZED MEMBER
Name ALTEGRA HEALTH OPERATING
COMPANY, LLC
Address 3055 LEBANON PIKE, SUITE 1000
City-State-Zip: NASHVILLE TN 37214

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: LA SONIA MOSS

PARALEGAL

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date