

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M14000005960

Entity Name: PHI HEALTH, LLC

Current Principal Place of Business:

2800 N. 44TH STREET
SUITE 800
PHOENIX, AZ 85008

Current Mailing Address:

2800 N. 44TH STREET
SUITE 800
PHOENIX, AZ 85008 US

FEI Number: 72-1404705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MANAGER, SECRETARY/TREASURER
Name MCCONNAUGHAY, TRUDY
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title PRESIDENT, MANAGER
Name MOTZKIN, DAVID S
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title MANAGER
Name TREADWAY, DAVID
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title MANAGER
Name TAMBURRINO, ROBERT
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title MANAGER
Name MASCARENHAS, MARK C. JR.
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

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: DAVID MOTZKIN

PRESIDENT

11/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date