

2025 FOREIGN LIMITED LIABILITY COMPANY 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
Name TAMBURRINO, ROBERT
Address 2800 N. 44TH STREET
 SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title CFO
Name PHILLIPS, JAMIE
Address 2800 N. 44TH STREET
 SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title COO
Name JULANDER, PAUL
Address 2800 N. 44TH STREET
 SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title CHIEF ADMINISTRATIVE OFFICER
Name LEIGHTON, MARK
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 VP
Name WHITLEY, JASON
Address 2800 N. 44TH STREET
 SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title SECRETARY
Name ROME, RICHARD
Address 2800 N. 44TH STREET
 SUITE 800
City-State-Zip: PHOENIX AZ 85008

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

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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: RICHARD ROME

SECRETARY

03/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name BOYLE, MICHAEL
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title TREASURER
Name GRIFFIN, JUSTIN
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

Title VICE PRESIDENT OF FINANCE
Name LAWRENCE, DAVID
Address 2800 N. 44TH STREET
SUITE 800
City-State-Zip: PHOENIX AZ 85008

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