

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001553

**Entity Name:** ATOS HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

2500 WESTCHESTER AVENUE  
SUITE 300  
PURCHASE, NY 10577

**Current Mailing Address:**

2500 WESTCHESTER AVENUE  
SUITE 300  
PURCHASE, NY 10577 US

**FEI Number:** 47-2907355

**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           MAROO, JAYESH  
Address       2500 WESTCHESTER AVENUE  
                  SUITE 300  
City-State-Zip: PURCHASE NY 10577

Title           MANAGER  
Name           WALSH, SIMON  
Address       2500 WESTCHESTER AVENUE  
                  SUITE 300  
City-State-Zip: PURCHASE NY 10577

*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:** SIMON WALSH

**MANAGER**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date