

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000007479

Entity Name: CONCORDANCE HEALTHCARE SOLUTIONS LLC**Current Principal Place of Business:**85 SHAFFER PARK DRIVE
TIFFIN, OH 44883**Current Mailing Address:**85 SHAFFER PARK DRIVE
TIFFIN, OH 44883 US**FEI Number:** 38-3986849**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 KREISERS HOLDINGS, LLC
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MANAGER
Name SENECA MEDICAL HOLDINGS, INC.
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MANAGER
Name MIDWEST MEDICAL SUPPLY
HOLDINGS, CO.
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MANAGER
Name CONCORDANCE HEALTHCARE
SOLUTIONS MANAGEMENT
INCENTIVE, LLC
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MANAGER
Name CONCORDANCE HEALTHCARE
SOLUTIONS MANAGEMENT
COMMON, LLC
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title CFO
Name SPRALEY, SEAN
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

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: SEAN SPRALEY**CFO****04/12/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date