

2021 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 MGR
Name HOWELL, TODD R
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MGR
Name HARRIS, TOM J
Address 13400 LAKEFRONT DRIVE
City-State-Zip: EARTH CITY MO 63045

Title MGR
Name NERSESIAN, DOREEN M
Address 13400 LAKEFRONT DRIVE
City-State-Zip: EARTH CITY MO 63045

Title MGR
Name MARCHESE, GINA M
Address 145 HUGUENOT ST SUITE 108
City-State-Zip: NEW ROCHELLE NY 10801

Title MGR
Name RIEMAN, DAN E
Address 13400 LAKEFRONT DRIVE
City-State-Zip: EARTH CITY MO 63045

Title MGR
Name STEVENSON, JAYSEN L
Address 3901 WEST 34TH STREET NORTH
City-State-Zip: SIOUX FALLS SD 57107

Title MGR
Name MCDONNELL, KEVIN M
Address 145 HUGUENOT ST SUITE 108
City-State-Zip: NEW ROCHELLE NY 10801

Title MGR
Name BENZ, ROGER W
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

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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: DAN RIEMAN**MANAGER****04/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGR
Name HOHMAN, LISA M
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MGR
Name MEYERS, DAVID R
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MGR
Name PRICE, KEITH E
Address 85 SHAFFER PARK DRIVE
City-State-Zip: TIFFIN OH 44883

Title MGR
Name WERT, CLAUDIUS "BUDDY" C
Address 1473 MOUNTAIN ROAD
City-State-Zip: ANDERSONVILLE TN 37705