

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000001359

Entity Name: EVICORE HEALTHCARE MSI, LLC

Current Principal Place of Business:

730 COOL SPRINGS BOULEVARD
SUITE 800
FRANKLIN, TN 37067

Current Mailing Address:

400 BUCKWALTER PLACE BOULEVARD
BLUFFTON, SC 29910 US

FEI Number: 61-1615395

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, MEDSOLUTIONS
 HOLDINGS, INC.
Name ARLOTTA, JOHN J
Address 400 BUCKWALTER PLACE BLVD.
City-State-Zip: BLUFFTON SC 29910

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: JOHN J ARLOTTA

PRESIDENT

01/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date