

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000011215

Entity Name: HEALTHSYNC, LLC

Current Principal Place of Business:

555 MARYVILLE UNIVERSITY DRIVE
SUITE:240
ST. LOUIS, MO 63141

Current Mailing Address:

555 MARYVILLE UNIVERSITY DRIVE
SUITE:240
ST. LOUIS, MO 63141 US

FEI Number: 84-3257471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MBR
Name SYNC, LLC
Address 18608 AVENUE MONACO
City-State-Zip: LUTZ FL 33558

Title MBR
Name NAVVIS & COMPANY, LLC
Address 555 MARYVILLE UNIVERSITY DRIVE,
STE:300
City-State-Zip: ST. LOUIS MO 63141

Title MGR
Name SARAIYA, CHANDRESH
Address 18608 AVENUE MONACO
City-State-Zip: LUTZ FL 33558

Title MBR
Name FLORIDA MEDICAL CLINIC, LLC
Address 2150 VIA BELLA BLVD.
City-State-Zip: LAND O'LAKES FL 34639

Title MGR
Name FARRIS, MICHAEL
Address 555 MARYVILLE UNIVERSITY DRIVE,
STE:300
City-State-Zip: ST. LOUIS MO 63141

Title MGR
Name DELATORRE, JOE
Address 2150 VIA BELLA BLVD.
City-State-Zip: LAND O'LAKES FL 34639

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: ADAM SCHNEIDER

**ACTING GENERAL
COUNSEL, SENIOR VICE
PRESIDENT**

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

