

2021 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000004634

FILED
Oct 05, 2021
Secretary of State
3072098216CR

Entity Name: CHANGE HEALTHCARE PRACTICE MANAGEMENT SOLUTIONS INVESTMENTS, INC.

Current Principal Place of Business:

5995 WINDWARD PARKWAY
ALPHARETTA, GA 30005

Current Mailing Address:

5995 WINDWARD PARKWAY
ALPHARETTA, GA 30005 US

FEI Number: 23-2939843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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: KAITY TOON, ASST. SECRETARY

10/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name CECIL, LORETTA
Address 5995 WINDWARD PARKWAY
City-State-Zip: ALPHARETTA GA 30005

Title CFO AND TREASURER
Name ELIASSON, FREDRIK J.
Address 5995 WINDWARD PARKWAY
City-State-Zip: ALPHARETTA GA 30005

Title PRESIDENT AND CEO
Name DE CRESCENZO, NEIL E.
Address 424 CHURCH STREET
SUITE 1400
City-State-Zip: NASHVILLE TN 37219

Title CONTROLLER
Name RARESHIDE, PAUL
Address 5995 WINDWARD PARKWAY
City-State-Zip: ALPHARETTA GA 30005

Title VP, TAX
Name KIRKWOOD, DERRICK
Address 424 CHURCH STREET
SUITE 1400
City-State-Zip: NASHVILLE TN 37219

Title VP, PROCUREMENT
Name MCGOUN, JOHN
Address 424 CHURCH STREET
SUITE 1400
City-State-Zip: NASHVILLE TN 37219

Title ASSISTANT SECRETARY
Name RATLIFF, CARRIE
Address 3535 PIEDMONT ROAD
BUILDING 14 SUITE 600
City-State-Zip: ATLANTA GA 30305

Title ASST. SECRETARY
Name ASHKOUTI, JOE
Address 3535 PIEDMONT ROAD
BUILDING 14 SUITE 600
City-State-Zip: ATLANTA GA 30305

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORETTA CECIL

**DIRECTOR AND
SECRETARY**

10/05/2021

Electronic Signature of Signing Officer/Director Detail

Date