

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005529

Entity Name: COTIVITI I, INC.**Current Principal Place of Business:**ONE GLENLAKE PARKWAY
SUITE 1400
ATLANTA,, GA 30328**Current Mailing Address:**ONE GLENLAKE PARKWAY
SUITE 1400
ATLANTA,, GA 30328 US**FEI Number:** 56-2059380**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**Officer/Director Detail :**

Title PRESIDENT, CEO, DIRECTOR
Name RIZK, EMAD
Address 201 JONES RD.
 4TH FLOOR
City-State-Zip: WALTHAM MA 02451

Title CFO, TREASURER
Name CSAPO, PETER
Address 10897 S. RIVER FRONT PARKWAY
 SUITE 200
City-State-Zip: SOUTH JORDAN UT 84095

Title COO, SECRETARY
Name MASON, DAVID
Address ONE GLENLAKE PARKWAY
 SUITE 1400
City-State-Zip: ATLANTA, GA 30328

Title DIRECTOR
Name LONGOSZ, P. II
Address 201 JONES ROAD
 4TH FLOOR
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name JOSEPH, JAMES DIMITRI
Address 201 JONES ROAD
 4TH FLOOR
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name MUSALLAM, RAMZI M.
Address 201 JONES ROAD
 4TH FLOOR
City-State-Zip: WALTHAM MA 02451

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: DAVID MASON**SECRETARY****05/01/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date