2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2017
Secretary of State
CC6918633768

DOCUMENT# P34808

Entity Name: CONDUENT HEALTHCARE PROVIDER CONSULTING SOLUTIONS, INC.

Current Principal Place of Business:

5225 AUTO CLUB DRIVE
DEARBORN, MI 48126

Current Mailing Address:

2828 N. HASKELL AVE
BLDG 1 FL-9
DALLAS, TX 75204 US

FEI Number: 38-2550455

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

Officer/Director Detail :

Title	P
Name	HARVEY, CONNIE
Address	101 YORKSHIRE BLVD
City-State-Zip:	LEXINGTON KY 40509

Title	D
Name	WALSH, BRIAN
Address	45 GLOVER AVE
City-State-Zip:	NORWALK CT 06856

Title	VSD
Name	PEFFER, J. MICHAEL
Address	2828 N. HASKELL AVE, BLDG. 1, FL-10
City-State-Zip:	DALLAS TX 75204

Title	T
Name	PHILIP, ROHIT
Address	45 GLOVER AVENUE
City-State-Zip:	NORWALK CT 06856

Title	VAS
Name	GROSSMAN, STEPHANIE
Address	2828 N HASKELL AVE, BLDG 1, FL-9
City-State-Zip:	DALLAS TX 75204

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: J. MICHAEL PEFFER SECRETARY 05/03/2017

Electronic Signature of Signing Officer/Director Detail — Date