

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000002903

Entity Name: ZELIS HEALTHCARE LLC

Current Principal Place of Business:

2 CROSSROADS DR
BEDMINISTER, NJ 09721

Current Mailing Address:

2 CROSSROADS DR
BEDMINISTER, NJ 09721 US

FEI Number: 47-4319823

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORTE CREATIONS NETWORKS, INC.
801 US HWY 1
N PALM BEACH, FL 33408 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 EXECUTIVE VP, CHIEF LEGAL OFFICER, CHIEF COMPLIANCE OFFICER AND SECRETARY
Name O'TOOLE MAHONEY, MARY
Address 2 CROSSROADS DR
City-State-Zip: BEDMINISTER NJ 09721

Title CFO
Name GLADDEN, BRIAN
Address 2 CROSSROADS DR
City-State-Zip: BEDMINISTER NJ 09721

Title CHIEF PRIVACY OFFICER AND ASSISTANT SECRETARY
Name ZOLFO, ANTHONY
Address 2 CROSSROADS DRIVE
City-State-Zip: BEDMINSTER NJ 07921

Title CEO
Name EISEL, AMANDA
Address 2 CROSSROADS DR
City-State-Zip: BEDMINISTER NJ 09721

Title ASST. SECRETARY
Name PERL, JESSICA
Address 2 CROSSROADS DRIVE
City-State-Zip: BEDMINSTER NJ 07921

Title PRESIDENT
Name DEADY, JOHN
Address 2 CROSSROADS DRIVE
City-State-Zip: BEDMINSTER NJ 07921

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: MARY O'TOOLE MAHONEY

SECRETARY

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date