

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P34808

**FILED**  
**May 03, 2017**  
**Secretary of State**  
**CC6918633768**

**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