

No. W 172687		Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PATIENTMATTERS, LLC 518 S. MAGNOLIA AVE 3RD FLOOR ORLANDO FL 32801		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	CHRISTOPHER LALONDER	518 S. MAGNOLIA AVE 3RD FLOOR	ORLANDO	FL	USA 32801
5. Organized Under the Laws of: DE W 172687		6. Annual Report must be signed.* Signature: CHRISTOPHER LALONDER Name (type or print): CHRISTOPHER LALONDER Date: 09/20/2018 Title: MANAGER			
Processed 09/20/2018		* Electronically provided signatures are accepted as original signatures.			