

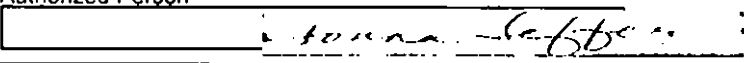


State of Rhode Island
Department of State - Business Services Division

REC'D RIDDS BSD
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Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001673199		2. Exact name of the Limited Liability Company Medlogix, LLC	
3. NAICS Code 524298		4. Brief description of the character of business conducted in Rhode Island medical claims management.	
5. State of Formation DE			
6. Principal Office Address 300 American Metro Blvd, Suite 220		City Hamilton	State NJ
Zip 08619			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Jonna Jeffers		Contact Title VP, Regulatory & Compliance	
Street Address 300 American Metro Blvd, Suite 220		City Hamilton	State NJ
Zip 08619			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person Jonna Jeffers		Date 06/11/2024	
Signature of Authorized Person 			

FILED

JUN 12 2024

BY meadon

AA. 4:27pm.

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov