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: ROGER FRIEDBAUER VP

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# H88352

Entity Name: PANAMA CITY HEALTH CARE CENTER, INC.

Current Principal Place of Business:

701 BRICKELL AVENUE **SUITE 2050** MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE **SUITE 2050** MIAMI, FL 33131

FEI Number: 59-2598053

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FRIEDBAUER, ROGER 701 BRICKELL AVENUE **SUITE 2050** MIAMI, FL 33131 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:

Officer/Director Detail : Title Р Title VPS ROBENALT, JOHN F Name Name FRIEDBAUER, ROGER 1820 SOUTH LAKE SHORE DRIVE 701 BRICKELL AVENUE Address Address **SUITE 2050** City-State-Zip: SARASOTA FL 34231 City-State-Zip: MIAMI FL 33131

Certificate of Status Desired: No

04/10/2017

Date

FILED Apr 10, 2017 Secretary of State CC8020013730

Date