

**FILED**

DOCUMENT# P09000036568

Entity Name: RECOVER HEALTH, INC.

**Current Principal Place of Business:**

400 INTERSTATE NORTH PARKWAY SE  
SUITE 1600  
ATLANTA , GA 30339-5047

**Current Mailing Address:**

400 INTERSTATE NORTH PARKWAY SE  
SUITE 1600  
ATLANTA , GA 30339-5047 US

**FEI Number: 26-4766093**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE , FL 32301 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: MELISSA CLARKE, ASST. VICE PRESIDENT - CORPORATION SERVICE 04/19/2023  
 COMPANY \_\_\_\_\_  
 Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title	CFO, TREASURER, DIRECTOR
Name	AFSHAR, DAVID
Address	400 INTERSTATE NORTH PARKWAY SE SUITE 1600
City-State-Zip:	ATLANTA GA 30339-5047

Title	CEO, DIRECTOR
Name	SHANER, JEFFREY
Address	400 INTERSTATE NORTH PARKWAY SE SUITE 1600
City-State-Zip:	ATLANTA GA 30339-5047

Title	SECRETARY
Name	DRAKE , SHANNON
Address	400 INTERSTATE NORTH PARKWAY SE SUITE 1600
City-State-Zip:	ATLANTA GA 30339-5047

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: SHANNON DRAKE	SECRETARY	04/19/2023
Electronic Signature of Signing Officer/Director Detail		Date