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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE MCDERMOTT

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

03/28/2018

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: **- ·** ·

ALUKA, KODJO 6350 W ATLANTIC BLVD

UNIT 5

Electronic Signature of Registered Agent	
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Authorized Person(s) Detail ·

Authorized Person(s) Detail :				
Title	PRES	Title	VP	
Name	MCDERMOTT, GEORGE DR	Name	FIELDS, DOUGLAS C	
Address	801 N CONGRESS SVENUE SUITE 443	Address	801 N. CONGRESS AVENUE SUITE 443	
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426	
Title	CHAIRMAN			
Name	CRAIG, CLYDE			
Address	801 N. CONGRESS AVENUE SUITE 443			
City-State-Zip:	BOYNTON BEACH FL 33426			

SUITE 443 BOYNTON BEACH, FL 33426 **Current Mailing Address:**

801 N. CONGRESS AVENUE

801 N. CONGRESS AVENUE SUITE 443 BOYNTON BEACH, FL 33426 US

Current Principal Place of Business:

FEI Number: 35-2348714

Name and Address of Current Registered Agent:

MARGATE, FL 33063 US

Entity Name: ACADEMY 4 HEALTH BOYNTON BEACH LLC

FILED Mar 28, 2018 Secretary of State CC2580930498

Certificate of Status Desired: No

Date

Date