that my name appears above, or on an attachment with all other like empowered. 03/03/2024 SIGNATURE: ROBERT E BATTE PRINCIPAL AND OWNER

DOCUMENT# L13000034622

Entity Name: MEDCOM COLLABORATIVE, LLC

Current Principal Place of Business:

423 TWIN LAKES DRIVE DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

423 TWIN LAKES DRIVE DEFUNIAK SPRINGS. FL 32433 US

FEI Number: 46-2217785

Name and Address of Current Registered Agent:

BATTE, ROBERT E 423 TWIN LAKES DRIVE DEFUNIAK SPRINGS, FL 32433 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER ACCOUNTS PAYABLE
Name	BATTE, ROBERT E	Name	BATTE, LINDA F
Address	423 TWIN LAKES DRIVE	Address	423 TWIN LAKES DRIVE
City-State-Zip:	DEFUNIAK SPRINGS FL 32433	City-State-Zip:	DEFUNIAK SPRINGS FL 32433

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

Date

Certificate of Status Desired: No

Date

FILED Mar 03, 2024 Secretary of State 1930401850CC

Electronic Signature of Signing Authorized Person(s) Detail