2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: FTH CLINIC, LLC

Current Principal Place of Business:

11631 KEW GARDENS AVENUE, SUITE 200
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11601 KEW GARDENS AVENUE, SUITE 200
PALM BEACH GARDENS, FL 33410 US

FEI Number: 37-1752699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BOHNER, STEVEN H.
Address	11631 KEW GARDENS AVE.,STE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	MANAGER
Name	JERNIGAN, J. MICHAEL
Address	11631 KEW GARDENS AVE.,STE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	MANAGER
Name	JAKUC, PETER A.
Address	200 STEVENS DRIVE
City-State-Zip:	PHILADELPHIA PA 19113

Title	MANAGER
Name	CHARBONNEAU, LUISA Y.
Address	11631 KEW GARDENS AVE.,STE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	MANAGER
Name	DAVITA, CHARLES
Address	4800 DEERWOOD CAMPUS PKWY DC9-1
City-State-Zip:	JACKSONVILLE FL 32246

Title	MANAGER
Name	PATEL, PRAKASH R.
Address	4800 DEERWOOD CAMPUS PKWY. DC9-1
City-State-Zip:	JACKSONVILLE FL 32246

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: STEVEN H. BOHNER MANAGER 04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date