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.

MGR

SIGNATURE: CHARLES PIERRE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000243379

Entity Name: CARE FIRST URGENT CARE WALK-IN CLINIC, LLC

Current Principal Place of Business:

1011 W OAKRIDGE RD SUITE A ORLANDO, FL 32809-4765

Current Mailing Address:

1011 W OAKRIDGE RD SUITE A ORLANDO, FL 32809-4765 US

FEI Number: 82-3515996

Name and Address of Current Registered Agent:

PIERRE, CHARLES 200 S. BISCAYNE BLVD. #2790 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:

Authorized Person(s) Detail : Title MGR Title MGR PIERRE, CHARLES Name Name O.K.M LLC 200 S. BISCAYNE BLVD., #2790 Address Address

Electronic Signature of Registered Agent 1011 W OAKRIDGE RD

SUITE A City-State-Zip: MIAMI FL 33131 City-State-Zip: ORLANDO FL 32809-4765

FILED Apr 27, 2018 Secretary of State CC5935096713

Certificate of Status Desired: No

04/27/2018

Date

Date