that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ZULEYKA MARIE CANDELARIA ROMAN

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT# L18000163892

Entity Name: AMERICAN HEALTHCARE CONSORTIUM LLC

Current Principal Place of Business:

5713 NW 112TH PL DORAL, FL 33178

Current Mailing Address:

5713 NW 112TH PL DORAL. FL 33178 US

FEI Number: 83-1133713

Name and Address of Current Registered Agent:

RBDMA SERVICES LLC 4011 WEST FLAGLER STREET SUITE 402 CORAL GABLES, FL 33134 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: RENE ESPINOSA

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR CANDELARIA ROMAN. ZULEYKA M Name Address 5713 NW 112TH PL City-State-Zip: DORAL FL 33178

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

Certificate of Status Desired: Yes

07/17/2020 Date

07/17/2020 Date

FILED Jul 17, 2020 Secretary of State 3969075078CR

MANAGER