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: AHMAND JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000258083

Entity Name: THE FIDELITY HEALTH CARE GROUP FLORIDA, LLC

Current Principal Place of Business:

1065 SW 8TH STREET UNIT 135 MIAMI, FL 33130

Current Mailing Address:

1065 SW 8TH STREET **UNIT 135** MIAMI, FL 33130 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JOHNSON, AHMAND R ESQ. 1065 SW 8TH STREET **UNIT 135** 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 MEM Title MEM Name GLENN, QARAN Name JOHNSON, AHMAND R 1065 SW 8TH STREET, UNIT 135 Address 1065 SW 8TH STREET, UNIT 135 Address City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

FILED May 01, 2021 Secretary of State 2497197073CC

Certificate of Status Desired: No

MEMBER

05/01/2021 Date

Date