2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 01, 2021
Secretary of State
0924117383CC

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Entity Name: NOON HEALTH OF FLORIDA, LLC

Current Principal Place of Business:

832 GEORGIA AVE
STE 300
CHATTANOOGA, TN 37402

Current Mailing Address:

832 GEORGIA AVE
STE 300
CHATTANOOGA, TN 37402 US

FEI Number: 86-1305137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	AR	Title	AR
Name	FOY, JOHN N	Name	PHILLIPS, TODD
Address	832 GEORGIA AVE STE 300	Address	832 GEORGIA AVE STE 300
City-State-Zip:	CHATTANOOGA TN 37402	City-State-Zip:	CHATTANOOGA TN 37402

Title	AR
Name	MORRIS, ZACHARY
Address	832 GEORGIA AVE STE 300
City-State-Zip:	CHATTANOOGA TN 37402

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: ZACHARY MORRIS — AUTHORIZED REPRESENTATIVE — 06/01/2021

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