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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: MICHAEL E. TARVIN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F03000004504

Entity Name: SEMPERCARE HOSPITAL OF PENSACOLA, INC.

Current Principal Place of Business:

4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055

Current Mailing Address:

4714 GETTYSBURG ROAD LEGAL DEPT MECHANICSBURG, PA 17055

FEI Number: 73-1678371

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED May 20, 2016 Secretary of State CC5677589971

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	VP	Title	Р	
Name	ORTENZIO, ROBERT A	Name	CHERNOW, DAVID S	
Address	4714 GETTYSBURG ROAD	Address	4714 GETTYSBURG ROAD	
City-State-Zip:	MECHANICSBURG PA 17055	City-State-Zip:	MECHANICSBURG PA 17055	
Title	VPS, DIRECTOR	Title	VPT	
Name	TARVIN, MICHAEL A	Name	ROMBERGER, SCOTT A	
Address	4714 GETTYSBURG ROAD	Address	4714 GETTYSBURG ROAD	
City-State-Zip:	MECHANICSBURG PA 17055	City-State-Zip:	MECHANICSBURG PA 17055	
Title	VPAS			
Name	DUGGAN, JOHN F			
Address	4714 GETTYSBURG ROAD			
City-State-Zip:	MECHANICSBURG PA 17055			

Date

05/20/2016