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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

WHILIF LAX MILLOS

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REGISTERED AGENT CHANGE VICAR OPERATING, INC.

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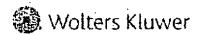
FAX COVER SHEET

TO		-
COMPANY		
FAXNUMBER	18506176380	
FROM	Kimberly Laughrey	
DATE	2018-08-24 11:32:36 CST	
RE	VICAROperating, Inc.	

COVER MESSAGE

Patrick Duffy
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801, www.wolterskluwer.com

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2018-08-24 11.32 54 CST

statement of ch	ange is submitted for a corpora	92, 617.0502, 607.1508, or 617.1508, ation organized under the laws of the ce or registered agent, or both, in the	State of DE
1. The name of	the corporation: VICAR OPER	ATING, INC.	
2. The principa	d office address: T OLYMPIC BOULEVARD LC		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 09/19/2	2000 Document number:	F00000005255
	nd street address of the current partment of State: (If resigned, earth	registered agent and registered office nter resigned)	on file with the
	CORPORATION SERVICE C	COMPANY	
	1201 HAYS STREET TALLA	HASSEE, FL 32301-2525	2018 SECI TA
6. The name and street address of the new registered agent (if changed) and /or registered office of the first changed): CT Corporation System			
	c/o C/1 Corporation System, 1	200 South Pine Island Road	32 ATE
	Plantation, Florida 33324	P.O Box NOT acceptable	
	<i>6. / i</i>	I the street address of the business of	
authorized by	the opard, or the corporation h	ily adopted by its board of directors of the characters of the characters of the characters are notified in writing of the characters.	nge.
	one of an officer or director	Jennifer Kurz Vice Preside	
I hereby accept further agree performance of agent. Or, if the hereby confirm	of the appointment as registere to comply with the provisions of my dutics, and I am familiar his document is being filed me	ed agent and agree to act in this capa is of all statutes relative to the proper with and accept the obligation of my rely to reflect a change in the registe in notified in writing of this change.	city. and complete position as revistered
By:	Marine & Registered Jent Alf	8/20/2018 Date	
If signing on b		red Younan ant Secretary	
	Lyped or Printed Name		
		HLING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)