(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



02/08/19--01016--023 \*\*35.00



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 6, 2019

Order#: 563360-199

Re: VICAR OPERATING, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie Thomas

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	nange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.
1. The name of	the corporation: VICAR OPERA	TING, INC.
	•	LYMPIC BOULEVARD, LOS ANGELES, CA 90064
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 09/19/20	00 Document number: F00000005255
5. The name ar		gistered agent and registered office on file with the
	C T CORPORATION SYSTEM	ξΩ · · · · · · · · · · · · · · · · · ·
	1200 SOUTH PINE ISLAND R	OAD TO THE
	PLANTATION, FL 33324	
6. The name ar (if changed):		ered agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O Tallahassee, FL 32301	Box NOT acceptable
The street addras changed wil	ress of its registered office and the	ne street address of the business office of its registered agent,
Such change wanthorized by t	ras authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
<u> </u>	). Xee & Conie	Jill Cilmi, Vice President
Signat	fulle of an officer or director	Printed or typed name and title
I further agree performance o agent. Or, if th hereby confirm	to comply with the provisions of f my duties, and I am familiar wi	igent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address. I continued in writing of this change.
By: L ) n	gnature of Registered Agent	01/03/2019 
	chalf of an entity:	17416
Grace E. Kirby	, Asst. Vice President	
•	Depart or Delated Numa	_

\* \* \* FILING FEE: \$35.00 \* \* \*

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

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617,1508, Florida Statutes, this n organized under the laws of the State of Delaware r registered agent, or both, in the State of Florida.
1. The name of:	the corporation: VICAR OPERAT	ING, INC.
2. The principal	office address: 12401 WEST OL	YMPIC BOULEVARD, LOS ANGELES, CA 90064
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 09/19/200	0 Document number:
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND RO	DAD SEE A
	PLANTATION, FL 33324	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered ffice
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301	Box NOT acceptable
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent.
	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
X	in & Court	Jill Cilmi, Vice President
Signatui	e of an officer or director	Printed or typed name and title
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of a my duties, and I am familiar with	tent and agree to act in this capacity. all statutes relative to the proper and complete is and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
By: I Inc	see Cokubi.	01/03/2019
	nature of Registered Agent	Date
If signing on bel	half of an entity:	
Grace E. Kirby,	Asst. Vice President	
Ty	ped or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*

MARIE CHECKS BANADIE TO ELODINA PRESIDENTALET OF STATE