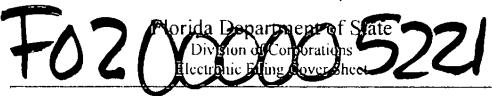
7/18/22, 11:55 AM

Division of Corporations



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To:	Division of Corporations	2 AUG 1
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	Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023	15 S 1
	Phone : (954)208-0845	同盟と

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## REGISTERED AGENT CHANGE PROVATION MEDICAL, INC.

Certificate of Status	0	
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A. BUTLER

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

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of $\underline{f 1}$	DE
1. The name of	the corporation: PROVATION MEDICA	L, INC.	
	1 office address:		
3. The mailing	address (if different):		
	poration/qualification: 10/17/2002		
	d street address of the current registered artment of State; (If resigned, enter resign		th the
	CORPORATION SERVICE COMPANY	<i>!</i>	_
	1201 HAYS STREET, TALLAHASSEE	. FL 32301-2525	-
6. The name an (if changed):		ent (if changed) and /or registered of	2022 AUG
	1200 South Pine Island Road		3.16
	P.O. B. Plantation, Florida 33324	NOT acceptable	PH 2
	ress of its registered office and the stree I be identical.		
Such change wanthorized by (	ras authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officed in writing of the change.	officer so
Tom	a m t	Tom Monteleone, Treasurer	
Signal I hereby accept further agree of my duties, a document is be	ure of an officer or director  If the appointment as registered agent a  To comply with the provisions of all sta  rad I am familiar with and accept the ob- eing filed merely to reflect a change in to  is been notified in writing of this change.	Printed or typed name and till and agree to act in this capacity, titles relative to the proper and com ligation of my position as registered the registered office address, I hereh	iplete performance Layent. Or, if this
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
kaity toon, assi	stant secretary		
	Typed or Printed Name		

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