

9/19/23, 3:38 PM

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Division of Corporations

Florida Department of State

Division of Corporations

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H230003302743ABCV

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC

Account Number : 120150000127

Phone : (800)567-4397

Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: my-khanh.nguyen@health-tech.us

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2023 SEP 19 AM 9:22

FLORIDA DEPARTMENT OF STATE
HALLMARKS, FL

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REGISTERED AGENT CHANGE
HEALTHTECH MANAGEMENT SERVICES, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of OREGON in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALTHTECH MANAGEMENT SERVICES, INC.
2. The principal office address: 5110 MARYLAND WAY, SUITE 200, BRENTWOOD, TN 37027
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/17/2003 Document number: F03000000259
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY1201 HAYS STREETTALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC3458 Lakeshore DriveP.O. Box NOT acceptableTallahassee, FL 32312

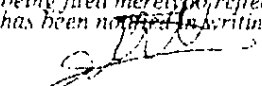
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

MY-KHANH NGUYEN, CONTROLLER
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent

9/19/2023

Date

If signing on behalf of an entity:

Georgina Vega, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (9/4/13)

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