F0400000 6181

(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



400338137974

01/15/20--01016--026 **35.00

ENGREENT OF STATE
AND LANASSEELE LOGICE

2020 JAN 15 PM 6:38

FEB 13 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: January 14, 2020

Order#: 122393-127

Re: TMG HEALTH, 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: Matthew Ermak 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

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	anized under the law	s of the State of _	DELAWAF	
1. The name of t	he corporation: TMG HEALTH, INC.				
	office address: 100 Four Falls Corpor	ate Center, Suite 40	6, Conshohocken	n, PA 1942	!8
3. The mailing a	ddress (if different): 500 Frank W. Bu	rr Boulevard, Teane	ck, NJ 07666		
	oration/qualification: 12/01/2004			06787	
	street address of the current registered tment of State: (If resigned, enter resigned)		d office on file wi	th the	
	C T CORPORATION SYSTEM			_	
	515 E. PARK AVENUE			_	
	TALLAHASSEE	FL	32301	12. 12. 13. 13. 13. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	NAT 0202
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office of the company Corporation Service Company				5 7
	Corporation Service Company				ëë ∫ ≖
P.O. Box NOT acceptable					
	Tallahassee	FL	32301	_	
The street address changed will	ess of its registered office and the stro be identical.	eet address of the bu	siness office of its	s registere	d agent,
Such change wa authorized by th	is authorized by resolution duly adop constant, or the corporation has been	nted by its board of d notified in writing o	lirectors or by an of the change.	officer so	
(Xiu & Cionii	Jill Cilmi, Vice P			
- (e of an officer or director		ed or typed name and tit	le	
I further agree to of my duties, an document is bei corporation has	The appointment as registered agent to comply with the provisions of all soil I am familiar with and accept the cong filed merely to reflect a change in Service Company	tatutes relative to the obligation of my posi- the registered office	e proper and com	iplete perf lagent. C y confirm	ormance)r, if this that the
By: 💢	nazo Z-Kubly	01/14/2020			
_	nature of Registered Agent half of an entity:		Date		
	Asst. Vice President				

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