

Division of Corporations

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**F11000004705**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

**\*RE-SUBMIT\***

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

date of submission 11/17

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
VISITING PHYSICIANS ASSOCIATION, P.C.**

Certificate of Status	0
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Page Count	045
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November 18, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

VISITING PHYSICIANS ASSOCIATION, P.C.  
\*\*FAX FILING\*\*C T CORPORATION SYSTEM\*\*  
TROY, MI 48084

SUBJECT: VISITING PHYSICIANS ASSOCIATION, P.C.  
REF: F11000004705

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An officer/director must sign the document authorizing the change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

FAX Aud. #: E14000267468  
Letter Number: 914A00024439

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14 NOV 18 PM 12:21

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

\*02.000147\*  
Please see  
date of submission 11/17

# 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 MI in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VISITING PHYSICIANS ASSOCIATION, P.C.
2. The principal office address: 500 KIRTS BLVD TROY, MI 48084
3. The mailing address (if different): 500 KIRTS BLVD TROY, MI 48084
4. Date of incorporation/qualification: 11/23/2011 Document number: F11000004705
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)

NRAI SERVICES, INC.

1200 South Pine Island Road

Plantation, FL 33324

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P O Box NOT acceptable

Plantation, Florida 33324

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.

Katherine Lackey

Signature of an officer or director

Katherine Lackey, Vice President

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.*

C T Corporation System

By: Katherine Lackey

Signature of Registered Agent

11/17/2014

Date

If signing on behalf of an entity:

Katherine Lackey, Asst. Sec.

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 (03/12)

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**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** the U.S. Medical Management, LLC ("USMM") is a limited liability company organized under the laws of the state of Delaware. USMM is either the direct or indirect owner, or Management Company, of the entities set forth on Schedule A attached hereto. USMM does hereby appoint Alfred Younan, Jennifer Kurz, Jessica Heimann & Katherine Lackey, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the limited liability company to act for the limited liability company and in the limited liability company's name for the limited purposes authorized herein.

The limited liability company and the entities listed on Schedule A, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the limited liability company's and the other named entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the limited liability company

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Alfred Younan, Jennifer Kurz, Jessica Heimann & Katherine Lackey shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 4<sup>th</sup> day of November, 2014

U.S. Medical Management, LLC  
A Delaware limited liability company

By: 

Name: Mark Mitchell

Title: Chief Executive Officer

State of Michigan  
County of Oakland

On November 4, 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared Mark Mitchell, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

By: 

Jeffrey S. Silverman, Notary Public

(00012241 1)

JEFFREY S. SILVERMAN  
Notary Public - State of Michigan  
County of Oakland  
My Commission Expires Aug. 30, 2017  
Acting in the County of \_\_\_\_\_



**Attachment A**

**USMM Entity Listing:**

VISITING PODIATRY, PLLC (MI)  
VPA, P.C., DBA VISITING PHYSICIANS ASSOCIATION (MI)  
VPA OF TEXAS, PLLC DBA VISITING PHYSICIANS ASSOCIATION (MI)  
ADVANTECHS IMAGING SERVICES, LLC DBA VPA DIAGNOSTICS (TX)  
HOMESCRIPTS.COM, LLC (MI)  
U.S. MEDICAL MANAGEMENT HOLDINGS, INC.  
U.S. MEDICAL MANAGEMENT, LLC (DE)  
PHOENIX HOME HEALTH CARE HOLDINGS, INC. (DE)  
PINNACLE HOME CARE HOLDINGS, INC. (DE)  
COMFORTBROOK HOSPICE HOLDINGS, INC. (DE)  
RMED, LLC (FL)  
RAPID RESPIRATORY SERVICES, LLC (DE)  
SENIORCORPS PENSINSULA, LLC (VA)  
R&C HEALTHCARE, LLC (TX)  
A N J LLC (TX)  
PINNACLE SENIOR CARE OF MISSOURI, LLC (MI)  
COUNTRY STYLE HEALTH CARE, LLC (TX)  
PHOENIX HOME HEALTH CARE, LLC (DE)  
TRADITIONAL HOME HEALTH SERVICES, LLC (TX)  
FAMILY NURSE CARE, LLC (MI)  
PINNACLE HOME CARE, LLC (TX)  
NORTH FLORIDA HEALTH SERVICES, INC. (FL)  
HERITAGE HOME HOSPICE, LLC (MI)  
GRACE HOSPICE OF AUSTIN, LLC (MI)  
COMFORTBROOK HOSPICE, LLC (OH)  
COMFORT HOSPICE OF TEXAS, LLC (MI)  
GRACE HOSPICE OF SAN ANTONIO, LLC (MI)  
GRACE HOSPICE OF GRAND RAPIDS, LLC (MI)  
GRACE HOSPICE OF INDIANA, LLC (MI)  
GRACE HOSPICE OF VIRGINIA, LLC (MI)  
COMFORT HOSPICE OF MISSOURI, LLC (MI)  
GRACE HOSPICE OF COLORADO, LLC (MI)  
GRACE HOSPICE OF WISCONSIN, LLC (MI)  
HOSPICE DME COMPANY, LLC (MI)  
PINNACLE SENIOR CARE OF WISCONSIN, LLC (WI)  
USMM ACO, LLC (MI)  
USMM ACO FLORIDA, LLC (MI)  
USMM ACO NORTH TEXAS, LLC (MI)  
USMM Accountable Care Network, LLC  
USMM Accountable Care Partners, LLC  
USMM Accountable Care Solutions, LLC