

F130000002001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

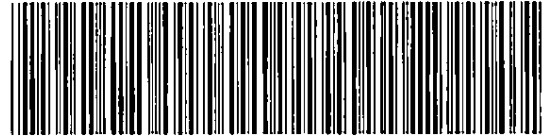
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Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer:

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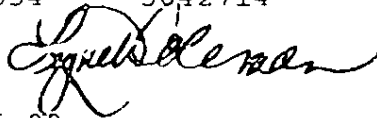
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 344554 5042714

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : January 11, 2023

ORDER TIME : 11:44 AM

ORDER NO. : 344554-011

CUSTOMER NO: 5042714

CHANGE OF AGENT

NAME: HEALTHCARE MANAGEMENT OF
AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Elylena Baker

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: HEALTHCARE MANAGEMENT OF AMERICA, INC.

2. The principal office address: 16435 N. Scottsdale Road, Suite 320, Scottsdale, AZ 85254

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/08/2013 Document number: F13000002001

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)

C T Corporation System

1200 South Pine Island Road

Plantation, FLL 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Jill E. Cilmi
Signature of an officer or director

Jill Cilmi, 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.

Corporation Service Company

By: Ami M. Casper
Signature of Registered Agent

01/13/2023

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

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 (04/13)

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