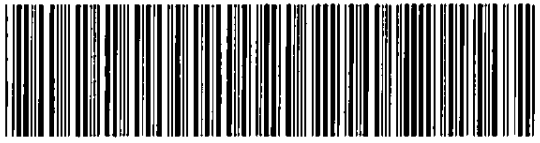


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TO: Amendment Section
Division of Corporations

SUBJECT: PATH MEDICAL CENTER HOLDINGS, INC.
Name of Corporation

DOCUMENT NUMBER: F16000004435

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darleen McEwen

Name of Contact Person

PATH MEDICAL ACQUISITION COMPANY INC.

Firm/Company

1380 N University Dr., Suite 100MR

Address

Plantation, FL 33322

City/State and Zip Code

information@pathmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darleen McEwen

Name of Contact Person

at (954) 735-6584

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

