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Florida Department of State
Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CENTAURI HEALTH SOLUTIONS, INC.**

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PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

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(Document number of corporation (if known))

1. Centauri Health Solutions, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 08/17/2017
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Adam T. Miller	2010 W. Whispering Wind Drive, Suite #101	<input checked="" type="checkbox"/> Add
		Phoenix, AZ 85085	<input type="checkbox"/> Remove
Director	Nicholas Scola	888 Boylston St, Suite 1600	<input checked="" type="checkbox"/> Add
		Boston, MA 02199	<input type="checkbox"/> Remove
Director	Jeffrey Fritsch	888 Boylston St, Suite 1600	<input checked="" type="checkbox"/> Add
		Boston, MA 02199	<input type="checkbox"/> Remove
Director	Joe Cammarosano	888 Boylston St, Suite 1600	<input checked="" type="checkbox"/> Add
		Boston, MA 02199	<input type="checkbox"/> Remove
Director	Brian Peterson	116 Huntington Ave., 15th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02116	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Decertified by:

Adam T. Miller

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Adam T. Miller

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

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**ATTACHMENT TO
PROFIT CORPORATION
APPLICATION FOR FOREIGN PROFIT CORPORATION TO FILE AMENDMENT
TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
CENTAURI HEALTH SOLUTIONS, INC.**

9. If the amendment changes person, title or capacity in accordance with 607.1504(4), indicate that change:

Title/Capacity:	Name:	Address:	Type of Action
Director	Michael Balmuth	One Boston Place, 201 Washington Street, Suite 3900 Boston, MA 02108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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