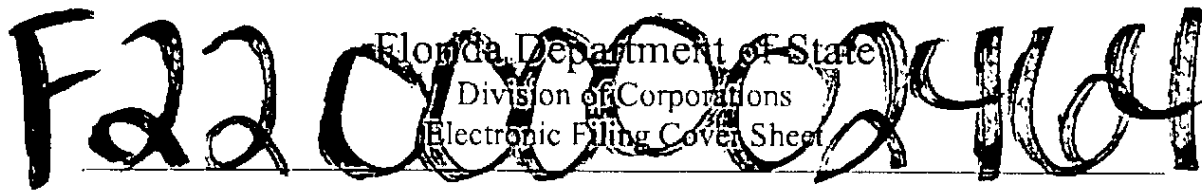


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Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000019847 3)))

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

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
HIGI CARE NETWORK (DE), P.A. INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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J. HORNE

JAN 18 2023

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

((H23000019847 3)))

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

1. The name of the corporation: HIGH CARE NETWORK (DE), P.A. INC.
2. The principal office address: 4500 NORTH STATE ROAD 7, SUITE 102 LAUDERLAKES, FL 33319
3. The mailing address (if different): 382 NORTHEAST 191ST STREET, SUITE 50294 MIAMI, FL 33179
4. Date of incorporation qualification: 04/20/2022 Document number: F22000002464
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)

CORPORATE CREATIONS NETWORK, INC

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

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

LEGAL INC CORPORATE SERVICES INC.

476 Riverside Ave

P.O. Box, NOT acceptable

Jacksonville, FL, 32202

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.

Dr. Michael Robinson
Signature of an officer or director

Authorized Individual

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.

[Signature]

Signature of Registered Agent

1/17/2023

Date

If signing on behalf of an entity:

((H23000019847 3)))

Erik Treutlein

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
CR2EC45 (04/15)