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DIVISION OF CORPORATION

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

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****420.00 *****35.00

CORPORATION(S) NAME

Therapeutic Healthcare Management, Inc.

- | | | |
|--|---|--|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | | |
| ☐ Foreign | ☐ Dissolution/Withdrawal | ☐ Limited Liability Company |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ Reinstatement | ☐ Name Registration | ☒ Change of R.A. |
| ☐ Fictitious Name | ☐ UCC-1 Financing Statement | ☐ UCC-3 Filing |
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8/17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
98 AUG 17 PM 2:58
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Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: THERATX HEALTHCARE MANAGEMENT, INC.

1b. Date of incorporation March 24, 1995 Document number F95000001453

2. The name and address of the current registered agent and office:

THE PRENTICE HALL CORP. SYSTEM, INC.

1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent 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.

Joseph Landenwich
SIGNATURE
August 4, 1998
DATE

JOSEPH LANDENWICH, SECRETARY
(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

C T CORPORATION SYSTEM
SIGNATURE BY: *Carol Record*
CAROL RECORD, ASST. SEC'Y (Registered Agent)
DATE 8-13-98

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

CR2E045 (7-91)

Filing Fee: \$35.00