7/25/23, 9:38 AM



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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

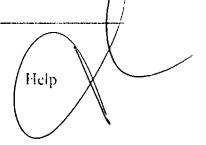
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE HEALTH FIRST NETWORK, INC.

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To:

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

12122023573

Pursuant to the provisions of sections 607.0502, 617.05	
statement of change is submitted for a corporation orga in order to change its registered office or regis	• • • • • • • • • • • • • • • • • • • •
•	•
The name of the corporation: Health First Network. In 2. The principal office address: 601 \$ HARBOUR ISLAN	AD BLVD. STF 200
TAMPA, FL 33602	
The mailing address (if different): 4. Dateofincorporation/qualification: 03/13/1985	1146903
 The name and street address of the current registered Florida Department of State: (If resigned enterresign 	
DAVID L KOCHE	
601 BAYSHORE BLVD, STE 700	
TAMPA, FL 33606	
6. The name and street address of the new registered age (ifchanged):	ent (if changed) and /or registered office
C T Corporation System	
1200 South Pine Island Road	-
P.O Be	NOT acceptable
Plantation, Florida 33324	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.
Auchael Raher Signature of Inf hillser or director	Michael Haber General Counsel Printed or typed name and Title
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the ob- document is being filed merely to reflect a change in the corporation has been notified in writing of this change	tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the
CT Corporation System Sea Chairb	07/20/2023
Signature of Registered Agent	Date
If signing on behalf of an entity:	
SEAN L. EMERICK, ASSISTANT SECRETARY	
Typed or Printed Name	
* * * FILING FI	
MAKE CHECKS PAYABLE TO FLE MAIL TO: DIVISION OF CORPORATIONS, P	

CR2E045 (04/13)

By: