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OCUM		<u>} </u>			
, Entity Name JOVID HEA	LTHCARE SOLUT	FILED			
rincipal Place of Business 9903 GINGERWOOD DRIVE TAMPA FL 33626		Mailing Addres 9803 GINGERV TAMPA FL 336	WOOD DRIVE 826	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Suite, Apt. #, etc.		Suite, Apt. #,		DO NOT WRITE IN THIS	
City & State		City & State		4. FEI Number 59-3639519	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
GOLDSTEIN, 9803 GINGE	, ERIC	Current Registered Agent	Name	7. Name and Address of New Registered Iress (P.O. Box Number is Not Acceptable)	

JOVID HEALTHCARE SOLUTIONS, LLC					:	FILED					
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Principal Place of Business Maili			Mailing Address	ling Address			01 JUL 17 AM 8 47				
9803 GINGER TAMPA FL 33	rwood drive 3626		9803 GINGERWOOD DR TAMPA FL 33626	BO3 GINGERWOOD DRIVE		SEC	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2 Principal C	Place of Business	· <u> </u>	3. Mailing Address								
2. Principal Place of Business 3. M			3. Mailing Address	lalling Address				!			
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
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	6. Name and	Address of Current I	Registered Agent-	٠,		7. Name	and Address of New F	Registered A	igent	45 . 6	
GOLDSTI	FIN. ERIC			,	Name						
9803 GINGERWOOD DR				Street Address (P.O. Box I			umber is Not Acceptable	e) :		<u>.</u>	
tampa f	L 33626										
					City			FL	Zip Code	э	
8. The above	named entity sub	mits this statement for	the purpose of changing its	s registere	d office or reg	istered agent, o	or both, in the State of Fl	orida.			
01011471170										<i>\$≠</i>	
SIGNATURE .	Signature, typed or print	ed name of registered agent a	nd title if applicable. (NO	ΓE: Registered	Agent signature rec	quired when reinstati	ng)	DATE			
			,		EE IS \$50.					,	
			Make Check P	ayable to	Departmer	nt of State					
9. MANAGING MEMBERS/MEMBERS			RS/MEMBERS	10.	-		ADDITIONS/CHANGES				
TITLE NAME	MGR Goldstein,	FRIC	☐ Delete	TITLE	- 1			•	☐ Change	☐ Addition	
STREET ADDRESS	9803 GINGER	wood dr			ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33	626			ST-ZIP	<u> </u>	•	 -			
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STREET ADDRESS					T ADDRESS						
	ertify that the info	mation supplied with	this filing does not qualify fo		ST-ZIP	n Section 119 (7/(3)(i) Florida Statutos 1	I further cort	tify that the in	formation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE