LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90337 001 ***250.00

DOCUMENT # L01000012602

1. Entity Name
Noble Health Care, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Perimeter Center Terrace	Same
Suite, Apt. #, etc.: Suite 650	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State
Zip: 30346 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2639459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Address Also Acceptable): 1200 South Pine Island
City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alan C. Dahl 400 Perimeter CenterTerrace, Ste 650 Atlanta, GA 30346	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 information 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: _____ Alan C. Dahl 770/698-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #