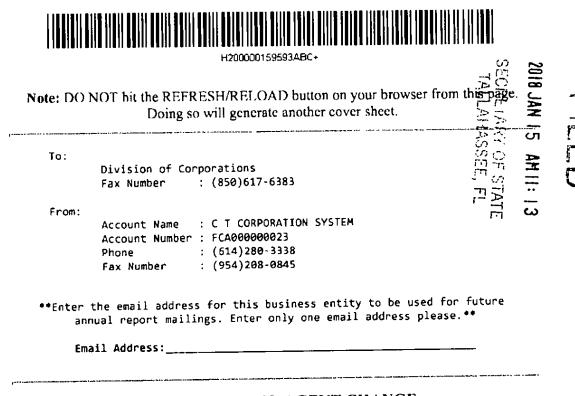
1/15/2020

Division of Corporations



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LLC REGISTERED AGENT CHANGE TREASURE COAST INTEGRATED HEALTHCARE, LLC

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JAN 16 2020

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTION BOTH FOR LIMITED LIABILITY COMPANY $_{\#}$

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Stotutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	une of the limited liability company: Treasure Coast Int	legrated l	lealthcare.	LLC				
!. (a)	200 HOSPITAL AVENUE	(h) Treasure Coast Integreated Healthcare, LLC						
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ 、	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	STUART, FL 34994		P.O. BOX 9010					
			STUAR	I, FL 34995	FL 34995			
	02/28/2017		1.1700004	14478				
i,	Date of filing/registration in Florida	4.	-	Document nu	mber			
. (n)	Thomas, Ramona							
i. (a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of St	ate:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				SECR TAL	2018		
	200 HOSPITAL AVENUE				<u>⊊</u>	JAA	i Bring a	
	STUART , FL	34994	4994			115	FEER	
(b)	C.T. Corporation System				CRETARY OF ST TALLAHASSEE, F	AM	-	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			·· ····	STATE	2018 JAN 15 AM 11: 13	U	
	NEW Registered Office Address:							
	1200 South Pine Island Road			· ···				
	Plantation FL	33324						
he cha igent v was/w he art	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and agreement of the	ws of the the reginability confithe limited	State of stered off ompany, in the liability condice Abbo	Florida, it is here ice and the busin t is hereby confi lity company or ompany. tt	mess office of inned that the as otherwise diname of sign	e provid	e(s) ed in	
provis. The obj To mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	perjoru d for in hereby c	Chapter 6 confirm th					
3y: Signalı	ire of Registered Agent	Assi	stant S	Secretary				

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00