

L17000090499

To: Page 2 of 5

2018-03-01 12:12:35 CST

12122023573 From: Kimberly Laughrey

3/1/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000068633 3)))



H180000686333ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

RECEIVED  
MAR 01 2018

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
WELLMERICA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

FILED  
18 MAR -1 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

MAR 01 2018

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, 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.

1. Name of the limited liability company: Wellmerica, I.L.C.
2. (a) 1451 West Cypress Creek Road, Suite 300  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Fort Lauderdale, FL 33309
- (b) 1451 West Cypress Creek Road, Suite 300  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Fort Lauderdale, FL 33309
3. 04/21/2017  
Date of filing/registration in Florida
4. L17000090499  
Document number

5. (a) Matzner, Gary C.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2800 Ponce De Leon Blvd.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
Suite 1100  
Coral Gables, FL 33134

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

**NEW** Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Alfred Younan

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

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

INH18 (2/14)

FILED  
18 MAR - 1 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Gateway Health Plan, L.P., a limited partnership incorporated under the laws of the state of Pennsylvania and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Victor Alfano, Terese Coulthard, Katey Judd, Lisa Nuedling, Emil Tempongko, Kally Halford, and Alfred Younan, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Victor Alfano, Terese Coulthard, Katey Judd, Lisa Nuedling, Emil Tempongko, Kally Halford, and Alfred Younan shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 21<sup>st</sup> day of February 2018.

Gateway Health Plan, L.P.  
A Pennsylvania Limited Partnership

By: 

Name: Frances A. Woodward

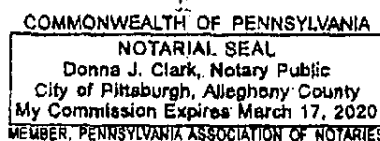
Title: VP, General Counsel & Secretary

State of Pennsylvania  
County of Allegheny

On February 21, 2018, before me, the undersigned, a Notary Public in and for said State, personally appeared Frances A. Woodward, Secretary, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

  
Donna J. Clark, Notary Public



**SCHEDULE A**

Gateway Health Plan, LP

Gateway Health Plan, Inc.

Gateway Health Plan of Ohio, Inc.

Gateway Health Foundation

Forevercare Holdings, LLC

Forevercare, Inc.

Wellmerica, LLC