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DOCU 1. Entity Nam	MENT # L9900	ANI FILE)							
HEALTHCARE AMERICA GROUP, LLC										
	,			•		00 MAY 18 A				
Principal Plac	ce of Business	Mailing Address				SECRETARY O FALL AHASSEE.	F STAT	ΓE		
3501 CORTEZ ROAD WEST 3501 CORTEZ ROAD WEST BRADENTON FL 34210-2408 BRADENTON FL 34210-3104						HALL AHASSEE.	FLOR	IDA		
						# 1000h001+ 050 t0110 10141 00411 00111		rial diria alli	1900 (8) (80)	
2. Principal F	Place of Business	3. Mailing Address				I ERBIIDIA DIN INIIN INIA NUALI NUALI	1 6 11/ 00111 01	[1]]]	{ 	
<u> 3501</u>		NT # L9900005628 E AMERICA GROUP, LLC Usiness WEST 10-2408 BRADENTON FL 34210-310 Suite, Apt. #, etc. City & State Country Country			DO NOT WRITE IN THIS SPACE					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE	in inio o	PACE		
City & Stat	ie culo	City & State			4. FEJ	Number		Ar	oplied For	
-					<i>عا</i>	5-052713E	}		ot Applicable	
3421	Country C	Zip	Cour	ntry	5. Ce	rtificate of Status Desired		5.00 Addee Require		
0 101	6. Name and Address of Current F	legistered Agent			7. Na	me and Address of New Reg	istered A	gent		
				· Name	حدد مند س	<u></u>				
MUCASEY, JOHN M.D.					Street Address (P.O. Box Number is Not Acceptable)					
3501 CORTEZ ROAD WEST								· · ·	-	
BRADENTON FL 34210-2408								_		
				City			FL	Zip Coo	е	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or re	egistered agen	t, or both, in the State of Floric	la.			
	•									
SIGNATURE .	Signatura, based or printed name of registered agent at	nd title if applicable (NOTE	- Genister	ed Agent signature	required when reins	tating)	DATE			
	Ogniture, types of printed residence against	, and the state of							<u>-</u>	
	•	1		FEE IS \$5						
		Make Check Pa	yable t	o Departm	ent of State					
9.	MANAGING MEMBE	 RS/MEMBERS	10.			ADDITIONS/C	HANGES			
MIE	MGRMPresident	mc-film 🗆 nesets	TITL	.E		5000032		Chappe	Addition	
RAME	MUCASEY, JOHN M.D.	•	NAN			-06/12/(3 		
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TITLE	CHALMAN	Mirell Section	TITL					☐ Change	Addition	
NAME	CROIC HOCGMAN M.D	•	MAN	ŀ					_	
STREET ADDRESS	3501 CORTEZ CRO	~		EET ADDRESS						
CITY- ST- ZIP	bradenton 1-3			r-ST-ZIP			,		***************************************	
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STREET ADDRESS	3501 CORTEZ RO.	W		EET ADDRESS						
CITY ST-ZIP	BRADENTON PL	-34210	CITY	r-ST-ZIP						
TITLE	Secretary	☐ Delete	TITL					Change	Addition	
NAME	werther MARCIALE	JULD.	MAR	AE EET ADDRE 88						
STREET ADDRESS CITY-ST-ZIP	BODOENTON FL	- 34210		r- 8T- ZIP						
TITLE	-		TITL	E				Change	Ädditton	
NAME	nete normy wo		NAM							
STREET ADDRESS	3501 WRTELIUM.	ب. عمام رم		EET ADDRESS		,				
CITY-ST-ZIP	RICHDENION K			r-81-21P		·		Change	- Addition	
TITLE NAME			TITL NAN					ि लागाति		
STREET ADDRESS				EET ADDRESS						
CITY-87-ZIP	·		CITY	/- 8T- ZIP						
indicated	I on this report is true and accurate and t	hat my signature shall have t	he sam	e legal effect	as if made und	ier oath; that I am a managin	irther certi g member	ify that the i or manage	nformation er of the	
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SIGNAT	Ture:SIGNAL	The boay la	7 E	اليا	غ اک	2100 1941	10	4	<u>\(\tilde{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}</u>	
	SIGNATURE AND TYPED OR PRIN	TEN NAME OF SIGNING MANAGING	MEMBER	OR MANAGER	•	Date	Da	ytime Phone #		