

11/19/2023

Division of Corporations

m0100000586

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

****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 AMND/RESTATE/CORRECT OR M/MG RESIGN
ARC THERAPY SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2021 AUG 18 03:18

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG 18 11:58 AM
TALLAHASSEE, FLORIDA

2021 AUG 18 AM 10:58

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Corporate Filing Menu

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11/18

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ARC Therapy Services, LLC

Enter new principal office address, if applicable: 1 Park Plaza
Nashville, TN 37203
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: Attn: HCA Legal Department
P.O. Box 750
Nashville, TN 37202
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M01000000586

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 03/16/2001

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System
New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address
Plantation, Florida 33324
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
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.

C T CORPORATION SYSTEM by WML LAUGHREY ASSISTANT SECRETARY *Kirkby J. Jorgensen*
If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 15C95B32-784D-4209-A316-FB34CB8F638A

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this certificate is prepared.

Erik Larsen

authorized representative

Erik Larsen

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2021 AUG 18 AM 10:59
CLERK OF DISTRICT COURT
JULIA A. HARRIS
CLERK OF DISTRICT COURT
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