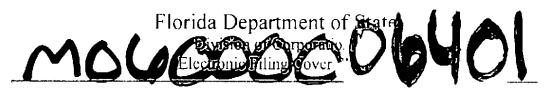
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Division of Corporations



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LLC REGISTERED AGENT CHANGE CONVIVA MEDICAL CENTER MANAGEMENT, LLC

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Helm. LEMIEUX

AUG - 4 2022

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

I. Na	nme of the limited liability company: CONVIVA MED	ICAL CE	NTER MANA	AGEMENT, LLC
2. (a)	No Change	ſb	No Change	
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 West Main Street			
	Louisville, KY 40202	_		
	11/17/2006		M060000064	01
l.	Date of filing/registration in Florida	4.	1	Document number 3.50 28
i. (a)	CORPORATION SERVICE COMPANY			2 406
. (-,	Registered Agent and Registered Office shown on the records of	Dept. of State:		
	Registered Office Address			
	1201 HAYS STREET		LED 3 AM 9: 11 SEE FLOAD	
	TALLAHASSEE , FL	32301-25	25	
(b)	C T Corporation System			
, - ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation FL	33324		
he cha igent v vas/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the f the regis ability co	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	0. 97		Davis, Manago	
Sign	Aire of a member or authorized representative of a member			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 dities, 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 /// CT Corporation Systifred Younan