

Division of Corporations

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**M1100005911**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**LLC REGISTERED AGENT CHANGE  
VISITING PODIATRY, PLLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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*2476*  
T. LEMMEYER

# 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: VISITING PODIATRY, PLLC
2. (a) 500 KIRTS BLVD. TROY, MI 48084  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 500 KIRTS BLVD. TROY, MI 48084  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 11/22/2011  
Date of filing/registration in Florida
4. MI1000005911  
Document number

5. (a) NRAI SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation FL 33324

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

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.

Katherine Lackey  
Signature of a member or authorized representative of a member

Katherine Lackey, Member

Printed or typed name of signer

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:

Signature of Registered Agent

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

INHS1A (2/14)

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AND  
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TALLAHASSEE, FLORIDA

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** the U.S. Medical Management, LLC ("USMM") is a limited liability company organized under the laws of the state of Delaware. USMM is either the direct or indirect owner, or Management Company, of the entities set forth on Schedule A attached hereto. USMM does hereby appoint Alfred Younan, Jennifer Kurz, Jessica Heimann & Katherine Lackey, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the limited liability company to act for the limited liability company and in the limited liability company's name for the limited purposes authorized herein.

The limited liability company and the entities listed on Schedule A, 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 limited liability company's and the other named 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 limited liability company

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Alfred Younan, Jennifer Kurz, Jessica Heimann & Katherine Lackey 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 4<sup>th</sup> day of November, 2014

U.S. Medical Management, LLC  
A Delaware limited liability company

By: 

Name: Mark Mitchell

Title: Chief Executive Officer

State of Michigan  
County of Oakland

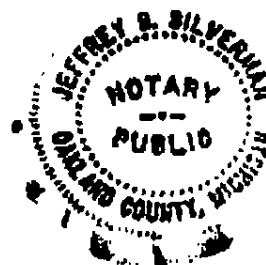
On November 4, 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared Mark Mitchell, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me 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.

By:   
Jeffrey S. Silverman, Notary Public

(00012241 2)

JEFFREY S. SILVERMAN  
Notary Public - State of Michigan  
County of Oakland  
My Commission Expires Aug. 20, 2017  
Acting in the County of \_\_\_\_\_



**Attachment A**

**USMM Entity Listing:**

VISITING PODIATRY, PLLC (MI)  
VPA, P.C., DBA VISITING PHYSICIANS ASSOCIATION (MI)  
VPA OF TEXAS, PLLC DBA VISITING PHYSICIANS ASSOCIATION (MI)  
ADVANTECHS IMAGING SERVICES, LLC DBA VPA DIAGNOSTICS (TX)  
HOMESCRIPTS.COM, LLC (MI)  
U.S. MEDICAL MANAGEMENT HOLDINGS, INC.  
U.S. MEDICAL MANAGEMENT, LLC (DE)  
PHOENIX HOME HEALTH CARE HOLDINGS, INC. (DE)  
PINNACLE HOME CARE HOLDINGS, INC. (DE)  
COMFORTBROOK HOSPICE HOLDINGS, INC. (DE)  
RMED, LLC (FL)  
RAPID RESPIRATORY SERVICES, LLC (DE)  
SENIORCORPS PENINSULA, LLC (VA)  
R&C HEALTHCARE, LLC (TX)  
A N J LLC (TX)  
PINNACLE SENIOR CARE OF MISSOURI, LLC (MI)  
COUNTRY STYLE HEALTH CARE, LLC (TX)  
PHOENIX HOME HEALTH CARE, LLC (DE)  
TRADITIONAL HOME HEALTH SERVICES, LLC (TX)  
FAMILY NURSE CARE, LLC (MI)  
PINNACLE HOME CARE, LLC (TX)  
NORTH FLORIDA HEALTH SERVICES, INC. (FL)  
HERITAGE HOME HOSPICE, LLC (MI)  
GRACE HOSPICE OF AUSTIN, LLC (MI)  
COMFORTBROOK HOSPICE, LLC (OH)  
COMFORT HOSPICE OF TEXAS, LLC (MI)  
GRACE HOSPICE OF SAN ANTONIO, LLC (MI)  
GRACE HOSPICE OF GRAND RAPIDS, LLC (MI)  
GRACE HOSPICE OF INDIANA, LLC (MI)  
GRACE HOSPICE OF VIRGINIA, LLC (MI)  
COMFORT HOSPICE OF MISSOURI, LLC (MI)  
GRACE HOSPICE OF COLORADO, LLC (MI)  
GRACE HOSPICE OF WISCONSIN, LLC (MI)  
HOSPICE DME COMPANY, LLC (MI)  
PINNACLE SENIOR CARE OF WISCONSIN, LLC (WI)  
USMM ACO, LLC (MI)  
USMM ACO FLORIDA, LLC (MI)  
USMM ACO NORTH TEXAS, LLC (MI)  
USMM Accountable Care Network, LLC  
USMM Accountable Care Partners, LLC  
USMM Accountable Care Solutions, LLC