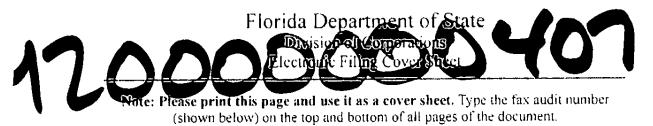
11/24/2020

Division of Corporations



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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:____

V 2L PM 3:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DISPATCHHEALTH MANAGEMENT, LLC

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From: Kimberly Laughrey

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

2020-11-24 13:27:24 CST

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: DispatchHealth Management, LLC	
Enter new principal office address, if applicable:	3827 N. Lafayette St.
(Principal office address MUST BE A STREET ADDRESS)	Denver, CO 80205
Enter new mailing address, if applicable:	3827 N. Lafayette St.
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	3827 N. Lafayette St. 20 Denver, CO 80205 RO 22 1
2. The Florida document number of this limited lie	l-
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 01/0	99/2020
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (must	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "L.I.C.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new iddress here:
Name of New Registered Agent;	
New Registered Office Address:	Enter Florida Street Address
	, Florida
_	City Zip Code
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this c in the registered office address, I hereby confirm that the limited

From: Kimberty Laughrey

itle/ Capaci	ty Name	<u>Address</u>	Type of Action
MGR	Mark Prather, M.D.	3827 N. Lafayette St.	= Add
		Denver, CO 80205	CRem
PST Mark Prather, M.D.	Mark Prather, M.D.	3827 N. Lafayette St.	\(\vec{\vec{\vec{\vec{\vec{\vec{\vec{
	Denver, CO 80205	20 HOV 22cm	
MGR Mark Po	Mark Prather, M.D.	3455 Ringshy CT #102	
		Denver, CO 80216	■Rem
PST Mark Prather, M.D.	Mark Ptather, M.D.	3455 Ringsby CT #102	□Add
	Denver, CO 80216	≣ Rem	
			□Add
aforemen	is a certificate, if required: no more tioned amendment(s), duly authention under the law of which this entity that feet	icated by the official having custody of records in the	□Rem
	17	nature of the authorized representative	