

P10000076482

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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REGISTERED AGENT CHANGE
FM HEALTHCARE SERVICES, INC.

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (02), and Estimated Charge (\$35.00).

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ARM
4-29-15

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: FM HEALTHCARE SERVICES, INC.
2. The principal office address: 1613 N. HARRISON PARKWAY, SUITE 200, SUNRISE, FL 33323
3. The mailing address (if different): 1A BURTON HILLS BLVD., NASHVILLE, TN 37215

4. Date of incorporation/qualification: 09/17/2010 Document number: P10000076482

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signatures of an officer or director: Julian Marcus, VP.
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Katie Wonsch, Asst. Sec.
Signature of Registered Agent
Date: 04/28/2015

If signing on behalf of an entity:
Katie Wonsch, Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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