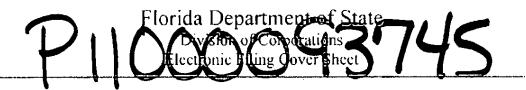
8/3/22, 2:21 PM

Division of Corporations



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(((H22000262536 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE COMPLEX CLINICAL MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

From: Kaity Toon

By:

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

statement of cha	nge is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Str ation organized under the laws of the State of <u>F</u> ce or registered agent, or both, in the State of Fle	lorida	2.	
<u></u>		CLINICAL MANAGEMENT, INC.	raa.		
2. The principal	office address: 500 West Main	n Street, Louisville, KY 40202			
-				<u>-</u>	
4. Dateofincorpo	oration/qualification: 10/26/	Document number: P11000093	745		
5. The name and Florida Depar	street address of the current tment of State: (If resigned.e	registered agent and registered office on file with nterresigned)	the		
	CORPORATION SERVICE	COMPANY			
	1201 HAYS STREET		7. 0.03 3.33	2022	
	TALLAHASSEE, FL 32301-	2525	ALLA VIER	2022 AUG -3	~
6. The name and (ifchanged):	street address of the new reg	gistered agent (if changed) and /or registered offic	<b>公司</b>	PH	- F
	C T Corporation System		1, 7 71.S	2: 46	Ç.
	1200 South Pine Island Road		31.5	9	
		P.O. Box NOT acceptable			
	Plantation, Florida 33324				
The street addre	ss of its registered office an be identical.	d the street address of the business office of its	registered	d agent.	
Such change wa authorized by th	s authorized by resolution de board, or the corporation l	tuly adopted by its board of directors or by an o has been notified in writing of the change.	fficer so		
Oce &		Joe Davis, Vice President			
Signami	e of an officer or director	Printed or typed name and title	1		
l furthèr agrée i of my duties, an document is bei	o cominty with the provision	ed agent and agree to act in this capacity. s of all statutes relative to the proper and comp tept the obligation of my position as registered hange in the registered office address, I hereby this change.	lete perfa agent. O Confirm	ormance or, if this that the	
C T Corporation	System	08/01/2022			
- Mysigu	rature of Hegistered Agent	Date			
	half of an entity:  Younan				
Assistan	t-Secretary-				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)