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MAY 2 3 2023

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 FL in order to change its registered office or registered agents or both, in the State of Florida. 1. The name of the corporation: The Orthopaedic Institute, P.A. 2. The principal office address: 4500 W. Newberry Road, Gainesville, FL 32607 The mailing address (if different): _ 4. Dateofincorporation/qualification: 05/29/1996 Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned) Nuland, Christopher L 4427 Herschel Street Jacksonville, FL 32210 6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged): C T Corporation System 1200 South Pine Island Road P.O. Box NOT acceptable Plantation, Florida 33324 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. Joe Davis, Authorized Person ignantie of an officer or director Printed or typed name and little 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. Thereby confirm that the corporation has been notified in writing of this change. CT Corporation System 04/21/2023 Signature of Registered Agent Date If signing on behalf of an entity:

Alfred Younan

Assistant 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)