

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

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

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 TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
NORTH FLORIDA HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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 agent, or both, in the State of Florida.

1. The name of the corporation: NORTH FLORIDA HEALTH SERVICES, INC.
2. The principal office address: 4348 South Point Blvd Jacksonville, FL 32216
3. The mailing address (if different): 500 Kirts Blvd Troy, MI 48084
4. Date of incorporation/qualification: 06/17/1998 Document number: P98000054106
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)

DEITCHMAN, TAMI L

4348 South Point Blvd

Jacksonville, FL 32216

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

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.

Katherine Lackey

Signature of an officer or director

Katherine Lackey, Vice President

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: C T Corporation System

Katherine Lackey
Signature of Registered Agent

11/17/2014

Date

If signing on behalf of an entity:

Katherine Lackey, Asst. Sec.

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

CR2E045 (03/12)

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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 4th 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 1)

JEFFREY S. SILVERMAN
Notary Public - State of Michigan
County of Oakland
My Commission Expires Aug. 30, 2017
Adding to 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 PENSINSULA, 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