V57437

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/147

Re: PARITY HEALTHCARE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	ange is submitted for a corporation o	rganized under the laws of the State of FL egistered agent, or both, in the State of Florida.	
1. The name of	the corporation: PARITY HEALTHCA	ARE, INC.	
	l office address: Sunrise Blvd Mailstop PL-6 Plantatio	on FL 33322	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 08/14/1992	Document number: V57437	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	MARCUS JILLIAN		
	7700 WEST SUNRISE BLVD		
	Plantation	FL 33322	
6. The name and (if changed):		agent (if changed) and /or registered office	
	Corporation Service Company	<u></u> ₹₩ - ₩	
	1201 Hays Street		,
		NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the still be identical.	reet address of the business office of its registered agent	t,
Such change wa authorized by th	as authorized by resolution duly ado he board, or the corporation has beer	pted by its board of directors or by an officer so i notified in writing of the change.	
Xie	e E agnie	Jill Cilmi, Vice President	
Signatu	ure of an officer or director	Printed or typed name and title	
I juriher agree i performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all if my duties, and I am familiar with an is document is being filed merely to that the corporation has been notified. Service Company	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.	
By: Line	re CANOL	05/24/2017	
_	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Grace E. Kirby,	, Asst. Vice President		
Ţ.	vped or Printed Name		

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