Page 2 of 3

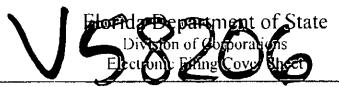
2022-08-03 12:34:13 PDT

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Division of Corporations



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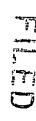
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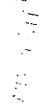
Account Name : C T CORPORATION SYSTEM

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

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REGISTERED AGENT CHANGE CENTERWELL SENIOR PRIMARY CARE (FL), INC.

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| Certified Copy | 1 |
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A. BUTLER

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

| 1. The name of the | e corporation: CENTERWELL | SENIOR PRIMARY CARE (FL) |), INC. |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2. The principal of | office address: 500 West Main St | | |
| 3. The mailing ad | dress (if different): | | |
| 4. Dateofincorpo | ration/qualification: 08/18/1992 | Document numb | er: <u>V58206</u> |
| | street address of the current regiment of State: (If resigned, enter | | ice on file with the |
| <u>-</u> | CORPORATION SERVICE COM | APANY | <u>_</u> |
| | 1201 HAYS STREET | | |
| | TALLAHASSEE, FL 32301-252 | | |
| 6. The name and (ifchanged): | street address of the new registe C.T. Corporation System | red agent (if changed) and /or r | registered office SECRE!/ |
| • | 1200 South Pine Island Road | | A H |
| - | - | P.O. Box NOT acceptable | ———— 0; ¯, 0, 0 , |
| | Plantation, Florida 33324 | | |
| The street address as changed will be | ss of its registered office and the identical. | e street address of the busines | · 1 1 1 - |
| Such change was authorized by the | authorized by resolution duly board, or the corporation has | | |
| See | term | Joe Davis, Vice Presid | dent |
| I hereby accept t I furthér agrée to of my duties, and dociunent is bein | of an officer or director he appointment as registered a comply with the provisions of I am familiar with and accept g filed merely to reflect a chan been notified in writing of this | gent and agree to act in this c all statutes relative to the pro the obligation of my position ge in the registered office add | rapacity. Oper and complete perfor |
| CT Corporation | | | |
| 'MA CS | ~ <u> </u> | 08/01/2022 | |

* * * 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)

-Assistant-Secretary