I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT SEGAL

Р

SEGAL, SCOTT D Name Address

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCOTT D SEGAL

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Officer/Director Detail :

DOCUMENT# P20000040991

1065 NE 125TH ST

NORTH MIAMI, FL 33161

Current Mailing Address: 1065 NE 125TH ST, STE 300

NORTH MIAMI, FL 33161

FEI Number: 85-0191745

1065 NE 125TH ST, STE 300 NORTH MIAMI, FL 33161 US

STE 300

STE 300

SEGAL, SCOTT D

Current Principal Place of Business:

Title 1065 NE 125TH ST, STE 300

City-State-Zip: NORTH MIAMI FL 33161

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Entity Name: COMPASS HEALTH SYSTEMS OF TENNESSEE INC

Certificate of Status Desired: Yes

02/22/2022

Date

02/22/2022

FILED Feb 22, 2022 Secretary of State 0340025682CC