2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: FORD THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

620 NORTH RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

620 NORTH RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 65-1150827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMAKER, SUSAN F
620 NORTH RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HAMMAKER, SUSAN F	Name	HAMMAKER, SUSAN FMGR
Address	620 NORTH RIVERSIDE DRIVE	Address	620 NORTH RIVERSIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN F HAMMAKER MANAGER 04/09/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date