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.

MANAGER

SIGNATURE: ROBERT C NUCCI

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 47-2427681 Name and Address of Current Registered Agent:

SIMON, SHAWN ESQ. 6322 GUNN HIGHWAY TAMPA, FL 33625 US

6322 GUNN HIGHWAY TAMPA, FL 33625

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: SHAWN P SIMON ESQ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

DOCUMENT# L09000051939

Current Mailing Address: 6322 GUNN HIGHWAY TAMPA. FL 33625 US

Current Principal Place of Business:

Title	MGR
Name	NUCCI, ROBERT C
Address	6322 GUNN HIGHWAY
City-State-Zip:	TAMPA FL 33625

Entity Name: FLORIDA MEDICAL CENTER OF TAMPA LLC

Certificate of Status Desired: No

04/18/2024 Date

Date

04/18/2024

FILED Apr 18, 2024 Secretary of State 5171171946CC