

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000108592

Entity Name: COMMUNITY HEALTH OF TALLAHASSEE, LLC

Current Principal Place of Business:

325 5TH AVENUE
SUITE 204
INDIALANTIC, FL 32903

Current Mailing Address:

P.O. BOX 2017
MELBOURNE, FL 32901 US

FEI Number: 45-3436985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUDENBERG, ESQ., GANON J
1119 PALMETTO AVENUE
MELBOURNE, FL 32901 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: GANON J. STUDENBERG, ESQ.

01/23/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Title | MANAGER | Title | MANAGER |
| Name | VAN HEMEL, ELIZABETH | Name | ST. CLAIR, DOUGLAS |
| Address | 325 5TH AVENUE SUITE 204 | Address | 325 5TH AVENUE SUITE 204 |
| City-State-Zip: | INDIALANTIC FL 32903 | City-State-Zip: | INDIALANTIC FL 32903 |

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: ELIZABETH VAN HEMEL

MANAGER

01/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date