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: WILLIAM D WRIGHT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000141267

Entity Name: CHS HEALTH SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

5500 MARYLAND WAY, SUITE 200 BRENTWOOD,, TN 37027

Current Mailing Address:

5500 MARYLAND WAY, SUITE 200 BRENTWOOD, TN 37027 US

FEI Number: 61-1700409

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

Title	CEO	Title	SECRETARY
Name	CLARK, STUART	Name	WRIGHT, WILLIAM
Address	5500 MARYLAND WAY SUITE 200	Address	5500 MARYLAND WAY SUITE 200
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	CFO	Title	MEMBER SOLE
Title Name	CFO FARRINGTON, SHANNON	Title Name	MEMBER SOLE CHS HEALTH SERVICES, LLC
Name	FARRINGTON, SHANNON	Name	CHS HEALTH SERVICES, LLC

SECRETARY

Date

05/04/2019