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|------------|--------------|------------------------------------|--------|-------|---------|------|------|
| 07/25/2019 | 201920600514 | SUBSEQUENT AGENT APPOINTMENT (LSA) | 25.00  |       |         |      | 0    |

**Receipt**

This is not a bill. Please do not remit payment.

**CORSARO & ASSOCIATES CO., LPA**  
**28039 CLEMENS ROAD**  
**WESTLAKE, OH, 44145 1139**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**1267748**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**SABER HEALTHCARE GROUP, L.L.C.**

and, that said business records show the filing and recording of:

Document(s)

**SUBSEQUENT AGENT APPOINTMENT**

**Effective Date: 07/25/2019**

Document No(s):

**201920600514**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 25th day of July, A.D. 2019.

**Ohio Secretary of State**



Form 521 Prescribed by:

**JON HUSTED**  
**Ohio Secretary of State**

Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 7/25/2019

## Statutory Agent Update

### Filing Fee: \$25

**(CHECK ONLY ONE(1) BOX)****(1) Subsequent Appointment of Agent**

- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☒ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

**(2) Change of Address of an Agent**

- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

**(3) Resignation of Agent**

- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity Charter, License or Registration No. Name of Current Agent **Complete the information in this section if box (1) is checked**Name and Address  
of New Agent

Name of Agent

Mailing Address

City

State

ZIP Code

**Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, , named herein as the  
Name of Agent  
statutory agent for  , hereby acknowledges  
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

**Complete the information in this section if box (2) is checked**

New Address of Agent   
Mailing Address  
    
City State ZIP Code

**Complete the information in this section if box (3) is checked**

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address  
    
City State Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

WILLIAM I. WEISBERG

Authorized Representative

By (if applicable)

Print Name

Authorized Representative

By (if applicable)

Print Name