DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/14/2017	201734801222	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00	0.00	0.00	0.00

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMON WAY
SUITE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1595619

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

MOUNT CARMEL HEALTH PROVIDERS III, LLC

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

Document(s)   Document No(s):

SUBSEQUENT AGENT APPOINTMENT   **201734801222**

Effective Date: 12/12/2017

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 14th day of December, A.D. 2017.

Ohio Secretary of State

Form 521 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Statutory Agent Update
Filing Fee: $25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp (165-AGS)	☐ Corp (145-AGA)	☐ Corp (155-AGR)
☐ LP (165-AGS)	☐ LP (145-AGA)	☐ LP (155-AGR)
☒ LLC (171-LSA)	☐ LLC (144-LAD)	☐ LLC (153-LAG)
☐ Business Trust (171-LSA)	☐ Business Trust (144-LAD)	☐ Partnership (153-LAG)
☐ Real Estate Investment Trust (171-LSA)	☐ Real Estate Investment Trust (144-LAD)	☐ Business Trust (153-LAG)
		☐ Real Estate Investment Trust (153-LAG)

Name of Entity Mount Carmel HealthProviders III, LLC

Charter, License or Registration No. 1595619

Name of Current Agent Daniel R. Hackett

Complete the information in this section if box (1) is checked

Name and Address of New Agent

C T Corporation System
Name of Agent

4400 Easton Commons Way, Suite 125
Mailing Address

Columbus | Ohio | 43219
City | State | Zip Code

Form 521   Page 1 of 3   Last Revised: 5/14/2014

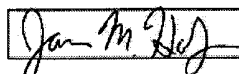OH012 - 04/17/2017 Wolters Kluwer Online

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,

C T Corporation System

Name of Agent

, named herein as the

statutory agent for

Mount Carmel HealthProviders III, LLC

Name of Business Entity

, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: _James M. Halpin_ Assistant Secretary

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	Ohio 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.

Authorized Representative

Member
By (if applicable)

Jennifer Kurz
Print Name

Authorized Representative

By (if applicable)

Print Name

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