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(((H11000096250 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

\*RE-SUBMIT\*

From:

Account Name Account Number : FCA000000023

Phone

Fax Number

: C T CORPORAT BIEGSE retain original filing: FCA000000023
: (850) 222-1092 date of submission 4/10

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

mail :	Address:			

#### COR AMND/RESTATE/CORRECT OR O/D RESIGN RENAISSANCE HEALTH CARE, INC.

0
0
25
\$35.00

Electronic Filing Menu

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Help

4/12/2011



April 13, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RENAISSANCE HEALTH CARE, INC. 920 WINTER STREET

WALTHAM, MA 02451

SUBJECT: RENAISSANCE HEALTH CARE, INC.

REF: F04000006464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under eath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H11000096250 Letter Number: 011A00008958

RECEIVED
11 APR 13 AM 8: 01
SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

#### COVER LETTER

Amendment Section Division of Corporations TO; SUBJECT: Renniasance Health Care, Inc. Name of Corporation F04000006464 DOCUMENT NUMBER: The enclosed Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( . . . ) Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is \$43.75 Filling Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status \$35.00 Filing Fee onclasedi Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS POFLORI (Pursuant to s. 607,1504, F.S.)

## SECTION I

	(2-2 MOS I BE COMPLETED)						
	F04000006464						
	(Docur	nent number of corporation	on (if known)		2		
1	Renaissance Health Care, Inc.				<b>7</b>		
4 equipment	(Name of corporation e	s it appears on the record	•	nt of State)			
		a apposit on mo tocoto	b of the boptimo	in or plate)			
2	Delaware	4		11/12/2004			
	(Incorporated under laws of)	<del></del>	(Date authorize	ed to do business in I	Plorida)		
	(4 ff ans	SECTION II					
	(4-7 COMPLE	TE ONLY THE APPLIC	ABLE CHANGE	s) ·			
4. If the ame	ndment changes the name of the	comoration when we	s the change of	ffected under the	laws of		
	ction of incorporation?	=	a are change of	200100 01100. 270	ett and OI		
na Jattemic	Substitution of the control of the c						
5	Preseni	us Health Partners Care S	ystems, Inc.				
(Name of	Present corporation after the amendment, ate abbreviation, if not contained	adding suffix "corpo	ration," "comp	eny," or "income	orated," or		
appropris	are appreviation, it not contamed	in new name of the c	orboration)				
(If new nar	ne is unavailable in Florida, enter n Florida)	alternate corporate r	name adopted fo	or the purpose of	transacting		
Ownipod 1							
6. If the ame	ndment changes the period of dur	ation, indicate new p	eriod of duratio	iri.			
		(New duration)		<del></del>			
7. If the amer	ndment changes the jurisdiction of	f incorporation, indic	ate new jurisdi	ction.			
			• .				
		(New juriediction)					
8. Attached is 90 days pri having out	s a certificate or document of sime to delivery of the application tody of corporate records in the ju	ilar import, evidencing the Department of inside the property of the control of t	ig the amending State, by the Se lows of which i	ent, authenticated cretary of State of it is incorporated.	not more than or other official		
	1001 -						
(Sign	nature of a director, president or other of	ficer - if in the hands try, by that fiduciary)	_				
	Peter Sauer	•	Vice	President			
	Trend or printed name of person signin	α)		nerson sieding)			

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "RENAISSANCE HEALTH
CARE, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME
TO "FRESENIUS HEALTH PARTNERS CARE SYSTEMS, INC.", THE
TWENTY-FIFTH DAY OF MARCH, A.D. 2011, AT 5:20 O'CLOCK P.M.

2679432 8320

110404289

jeffrey W. Bullock, Secretary of State

DATE: 04-12-11