

9800000090

TRANSMITTAL LETTER

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 MAY 23 PM 3:21

TO: Amendment Section  
Division of Corporations

SUBJECT: Capitated Health Care Services, Inc.  
(Name of corporation)

DOCUMENT NUMBER: F9800000090

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

000005146910--4  
-03/22/02--01067--001  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Stacy L. Malakoff  
(Name of person)

CHCS, Inc.  
(Name of firm/company)

3050 Universal Blvd., Suite 150  
(Address)

Weston, FL 33331  
(City/state and zip code)

For further information concerning this matter, please call:

Stacy L. Malakoff at ( 954 ) 283-4836  
(Name of person) (Area code & daytime telephone number)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Note: Same people have  
# P95000014416

~~202-8727~~

N/C

JB

5/24/02



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 28, 2002

STACY L. MALAKOFF  
CHCS, INC.  
3050 UNIVERSAL BLVD., STE. 150  
WESTON, FL 33331

SUBJECT: CAPITATED HEALTH CARE SERVICES, INC.  
Ref. Number: F98000000090

We have received your document for CAPITATED HEALTH CARE SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

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) 245-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 102A00018646

Rec'd 5/23  
DOS



CHCS Services, Inc.

May 22, 2002

Velma Shepard  
Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Letter Number 102A00018646  
Name change

Dear Ms. Shepard:

Enclosed please find an original, duly authenticated certificate from the State of Delaware evidencing the name change amendment for Capitated Health Care Services, Inc. along with a copy of the above referenced letter number. According to your letter, the department has already received our check in the amount of \$43.75 as payment for the name change with the State of Florida.

If you have any questions regarding this matter, please call me at (954) 283-4836. I will be out of the office from May 24<sup>th</sup> until June 10<sup>th</sup>, 2002 so please leave a message and I will call you when I return. Thank you for your help with this matter.

Sincerely,

Stacy L. Malakoff  
Assistant Controller/HR Specialist

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F9800000090

Document Number of Corporation (If known)

1. Capitated Health Care Services, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware  
(Incorporated under laws of)

3. January 6, 1998  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? October 5, 1999

5. CHCS, Inc.  
(Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

Susan Zimmerman  
(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Susan Zimmerman  
(Typed or printed name)

March 19, 2002  
(Date)

Chief Operating Officer  
(Title)

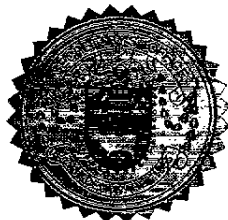
FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 MAY 23 PM 3:21

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CAPITATED HEALTH CARE SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHCS, INC.", THE FIFTH DAY OF OCTOBER, A.D. 1999, AT 9 O'CLOCK A.M.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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020321870

AUTHENTICATION: 1787436

DATE: 05-21-02