

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
TAMPA BAY STAFFING SOLUTIONS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$43.75 |

RECEIVED  
11 DEC 14 AM 8:23  
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2011 DEC 14 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR  
12/15/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tampa Bay Staffing Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F99000006098

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacey G. McLaughlin  
Name of Contact Person

IASIS Healthcare LLC  
Firm/Company

117 Seaboard Lane, Building E  
Address

Franklin, TN 37067  
City/State and Zip Code

smclaughlin@iasishcalthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey G. McLaughlin at ( 615 ) 467-1238  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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)**

F99000006098

(Document number of corporation (if known))

1. Tampa Bay Staffing Solutions, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 11/24/1999  
(Incorporated under laws of) (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? 12/06/2011
5. Choice Care Clinic of Florida, 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)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.  
N/A  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
N/A  
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated 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 corporate records in the jurisdiction under the laws of which it is incorporated.

Karen H. Abbott  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Karen H. Abbott

(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TAMPA BAY STAFFING SOLUTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHOICE CARE CLINIC OF FLORIDA, INC.", THE SIXTH DAY OF DECEMBER, A.D. 2011, AT 2:41 O'CLOCK P.M.

3115469 8320

111290378

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9226399

DATE: 12-14-11