Division of Corporations
Electronic Filing Cover Sheet

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(((H130001455653)))



H130001455653ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

NC

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

| Email: | Address: | | | |
|--------|-----------|--|--|--|
| | VOCT COD! | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MED3000 PRACTICE RESOURCES, LLC

RECEIVED 3 JUN 26 BM 4: 07 ECRETARY OF STATE ELAHASSEE. FLORIDA

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

J. SAULSBERRY EXAMINER

JUN 2 7 2013

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Corporate Filing Menu

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COVER LETTER

| TO: Registration Division of | Section Corporations | | | | |
|---|--|---------------------------------------|---|---|---------|
| SUBJECT: MED3 | 000 Practice Resources, LLC | n Limited Liability Com | nanu | | |
| Dear Sir or Madam: | • | Diamod Diabliny Con | pany | | |
| | | | | | |
| The enclosed applic | ation, certificate and fee(s) a | ere submitted for filing. | | | |
| Please return all con | respondence concerning this | matter to the following | • • | | |
| Jeffrey S. McFall | | | | | |
| Jenney S. Micrell | Name of Person | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| Tenet Healthcare Corp | | | | | |
| | Firm/Company | | | | 787 |
| 1445 Ross Avenue, Su | ite 1400 | | | | MOP FIR |
| | Address | <u></u> | | - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 | 7 |
| | | | | | |
| Dallas, Texas 75202 | 0: /0: 15: 0:1 | | | - <u>-</u> | |
| | City/State and Zip Code | | | 97 | |
| glynda.stewart@tenetl | nealth.com | | | <u> </u> | Ċ |
| E-mail address: (t | o be used for future annual i | report notification) | | | |
| For further informat | ion concerning this matter, p | olease call: | | | |
| Sara Frederick | | at (_214) 932-368 | . | | |
| Nam | e of Person | Area Code & Daytin | ne Telephone Number | | |
| Registration Division of C Clifton Build 2661 Execut | Corporations | Regist Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 | | |
| | | | | | |
| Enclosed is a check S25 Filing Pee | for the following amount: \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Cartified Copy | ☐ \$60 Filing Fee, Certificate of Stat Certified Copy | us & | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

| 1. | Name of limited liability company as it appears on the records of the Florida Department State: MED3000 Practice Resources, LLC | nt of | |
|----|---|-------------------|-------------|
| 2. | Jurisdiction of its organization; Delaware | | |
| 3. | Date authorized to do business in Florida; 11/30/2010 | | |
| | SECTION II (4-7 complete only the applicable changes) | | |
| 4. | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? | | |
| 5. | New name of the limited liability company: Tenet Practice Resources, LLC (must end with "Limited Liability Company, ""LLC.," or " | FLIC.") | |
| Fl | name unavailable, enter alternate name adopted for the purpose of transacting business is orida and attach a copy of the written consent of the managers or managing members added alternate name. The alternate name must end with "Limited Liability Company," "L.L.("LLC.") | pping | 2813 JUN 26 |
| 6. | If the amendment changes the period of duration, indicate new period of duration: | ラガス | N 26 |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | HSIO LET | AM 9: 00 |
| 8. | If the amendment corrects any false statement, indicate the statement being corrected correction: | and the | _ |
| 9. | Attached is an original certificate, no more than 90 days old, evidencing the aforementic amendment(s), duly authenticated by the official having custody of records in the jurisc the law of which this entity is organized. Signature of a member or the authorized representative of a member | oned liction w | nder |

Filing Fee: \$25.00

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MED3000 PRACTICE
RESOURCES, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME
TO "TENET PRACTICE RESOURCES, LLC", THE TWELFTH DAY OF JUNE,
A.D. 2013, AT 7:02 O'CLOCK P.M.

2013 JUN 26 AM 9: 00

4677863 8320

130819505

You may verify this certificate online at corp. delaware. gov/authwer, shiml

AUTHENTICATION: 0543675

DATE: 06-26-13