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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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.\*\*

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12 NOV -2 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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**Foreign Limited Liability Company**

**QUALITY MEDICAL MANAGEMENT, LLC D/B/A CMS CAP  
MANAGE**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

**D. BRUCE**

NOV 05 2012

**EXAMINER**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quality Medical Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Raina Reeder

Name of Person

Quality Medical Management, LLC

Firm/Company

2401 Internet Blvd., Suite 201

Address

Frisco, TX 75034

City/State and Zip Code

raina.reeder@coniferhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raina Reeder

214

387-6455

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing  
Members of Quality Medical Management, LLC  
(Name of Limited Liability Company)

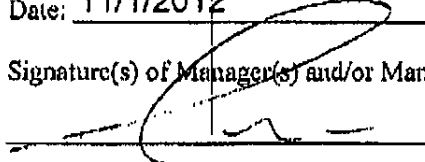
a limited liability company duly organized and existing under the laws of  
California  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the  
following name to transact business in the state of Florida:

CMS Cap Management Systems, LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability  
Company, L.L.C., or LLC.)

Date: 11/1/2012

Signature(s) of Manager(s) and/or Managing Member(s):



Stephen Mooney, Manager

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TALLAHASSEE, FLORIDA

CR2E122 (7/07)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Quality Medical Management, LLC  
(Name of foreign limited liability company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
CMS Cap Management Systems, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written  
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability  
Company," "L.L.C.," "LLC.")

2. California 3. 95-4253483  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 05/07/2012 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2401 Internet Blvd., Suite 201, Frisco, TX 75034  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Conifer Health Solutions, LLC, 2401 Internet Blvd., Suite 201, Frisco, TX 75034

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in  
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a  
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:  
revenue cycle services

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a  
document to the Department of State constitutes a third degree felony as provided for in s.917.155, F.S.)

Stephen Mooney

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Quality Medical Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

CMS Cap Management Systems, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324  
City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

C T Corporation System

By: \_\_\_\_\_

(Signature)

Kimberly Baggett  
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** QUALITY MEDICAL MANAGEMENT, LLC

<b>FILE NUMBER:</b>	201212910062
<b>FORMATION DATE:</b>	05/07/2012
<b>TYPE:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>JURISDICTION:</b>	CALIFORNIA
<b>STATUS:</b>	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California this  
day of October 22, 2012.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

EMS

NP-25 (REV 1/2007)