

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : C T CORPORATION SYSTEM
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DIVISION OF CORPORATIONS
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SOUTH FLORIDA ACCOUNTABLE CARE ORGANIZATION, INC.**

Certificate of Status	0
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RE-SUBMIT

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South Florida Accountable Care Organization, Inc.

DOCUMENT NUMBER: N11000009599

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Jarrell

(Name of Contact Person)

Tenet Healthcare Corporation

(Firm/ Company)

1445 Ross Avenue, Suite 1400

(Address)

Dallas, Texas 75202

(City/ State and Zip Code)

donna.jarrell@tenethealth.com

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

For further information concerning this matter, please call:

Donna Jarrell

(Name of Contact Person)

at (469) 893-2701

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 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
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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



October 21, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
SOUTH FLORIDA ACCOUNTABLE CARE ORGANIZATION, INC.
1145 ROSS AVE SUITE 1400
DALLAS, TX 75202

SUBJECT: SOUTH FLORIDA ACCOUNTABLE CARE ORGANIZATION, INC.
REF: N1100009599

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.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000253332
Letter Number: 511A00024117

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission 10/20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 OCT 20 PM 3:56

Articles of Amendment
to
Articles of Incorporation
of

South Florida Accountable Care Organization, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N11000009599

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Advantage Health Network, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: October 20, 2011
(date of adoption is required)

Effective date If applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated October 20, 2011

Signature

Kristina A. Mack

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kristina A. Mack

(Typed or printed name of person signing)

Incorporator

(Title of person signing)