

5/22/2014 10:49:58 From: To: 8506176383

Division of Corporations

**BIA 00000188**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.\*\*

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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14 MAY 22 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
SPECIALTY THERAPEUTIC CARE, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

Electronic Filing Menu Corporate Filing Menu Help

MAY 23 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPECIALTY THERAPEUTIC CARE, LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TRICIA DINKELMAN  
Contact Person

CENTENE CORPORATION  
Firm/Company

7700 FORSYTH BLVD.  
Address

ST. LOUIS, MO 63105  
City, State and Zip Code

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

For further information concerning this matter, please call:

CARLA POLITTE at ( 314 ) 445-0312  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee     \$61.25 Filing Fee and Certificate of Status     \$105.00 Filing Fee and Certified Copy     \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**SPECIALTY THERAPEUTIC CARE, LP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 8/21/2012, assigned Florida document number M12000004750, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

**New Principal Office Address:**  
(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Mailing Address:**  
(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

\_\_\_\_\_

**New Registered Office Address:**

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

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**New Registered Agent's Signature. If changing Registered Agent:**

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>GARCIA, CHRISTOPHER</u>	<u>601 LEXINGTON AVE.</u> <u>55TH FLOOR</u> <u>NEW YORK, NY 10022</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<u>CHANDRA, SAMARTH</u>	<u>601 LEXINGTON AVE.</u> <u>55TH FLOOR</u> <u>NEW YORK, NY 10022</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<u>ROSENBERRY, KENTON</u>	<u>601 LEXINGTON AVE.</u> <u>55TH FLOOR</u> <u>NEW YORK, NY 10022</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<u>SPECIALTY THERAPEUTIC</u>	<u>CARE GP, LLC</u> <u>7700 FORSYTH BLVD.</u> <u>ST. LOUIS, MO 63105</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<u>M13000004750</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 the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign (the amending agent.)**

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F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

Effective date, if other than the date of filing:
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners\*:

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Two columns of four horizontal lines each for signatures.

Signature(s) of all new or dissociating general partner(s), if any:

Handwritten signature on the first line, followed by three blank lines.

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FLORIDA

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Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75