M09000002445

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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TALLAHASSEE, FLORIDA

RECEIVED
14 DEC 30 AM 10:00
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BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFORMED MEDICAL MANAGEMENT SERVICES, LLC

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

B. BOSTICK
DEC 31 2014
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: InforMed Medical Management Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raina Reeder
Name of Person

Conifer Health Solutions
Firm/Company

3560 Dallas Parkway
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 at (469) 803-3675
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

- ☐ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY 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 of State: InforMed Medical Management Services, LLC

2. Jurisdiction of its organization: Maryland M09-2445

3. Date authorized to do business in Florida: 06/25/2009

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Conifer Care Continuum Solutions, LLC
(must contain "Limited Liability Company," "L.L.C." or "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

7. Attached is an original certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Stephen Mooney
Typed or printed name of signee

Filing Fee: $25.00

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2014 DEC 30 A 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INFORMED MEDICAL MANAGEMENT SERVICES, LLC FILED ARTICLES OF AMENDMENT CHANGING IT'S NAME FROM INFORMED MEDICAL MANAGEMENT SERVICES, LLC TO CONIFER CARE CONTINUUM SOLUTIONS, LLC ON DECEMBER 18, 2014 AT 3:52 P.M.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 22, 2014.

FILED
2014 DEC 30 A 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul B. Anderson
Charter Administrator

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
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