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S. FRANKLIN JUL 1 1 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CHS TX. Inc.		
	of corporation	must include suffix
Dear Sir or Madam:		
	of Good Stand	uthorization to Transact Business in Florida." ing" and check are submitted to register the s in Florida.
Please return all correspondence concerni	ing this matter	-
Tracy Bartoli		782
	Name of P	erson Ç:
CHS TX, Inc.		erson July 20
	Firm/Comp	any
205 Powell Place, Suite 104		any PH S
	Addre	s
Brentwood, TN 37027		F F
	City/State an	d Zip code
misti.schmutz@yescarecorp.com		
E-mail address	s. (to be used fo	r future annual report notification)
For further information concerning this m	•	
Tracy Bartoli	314	791-2054
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following ame Please make check payable to: FLORIDA D ☐ \$70.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L. CHS TX, Inc.					
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D.	" "COMPANY," "CORPORATION,"	
					. <u> </u>
	(If name unavail:	ible in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting business	in Florida)
2.	Texas		3.	88-0655961	
	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	May 3, 2022		5.	Perpetual	
•	(Date of incorporation)		٠.	(Date of duration, if other than perpet	ual)
6.	May 4, 2022				
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	7822 JUN 20 PH
7	205 Powell Place	e, Suite 104, Brentwood, TN 37027			<u>ر</u> .
• •		(Principal o	off	ice street address)	20
		(Current ma	ilir	ng address, if different)	<u> </u>
		\2		•	F
8.	Name and stree	et address of Florida registered agent: (1	P.(D. Box NOT acceptable)	. <u> </u>
	Name:	C T Corporation System			
0	ffice Address:	1200 South Pine Island Road			
		Plantation		, Florida <u>33324</u>	
		(City)		(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Lisa DuBois. Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: ADC763AD-82FA-47BC-A37B-D81A26489207

A. DIRECTORS

☐Chairman Name:	□Chairman Name: Jeff Sholey				
☐ Vice Chairman Address: 205 Powell Place, Suite 104	□Vice Chairman Address: 205 Powell Place, Suite 104				
■ Director Brentwood, TN 37027	■Director Brentwood, TN 37027				
■ President	□ President				
□Vice President	□Vice President				
□Secretary □Treasurer	□ Secretary □ Treasurer				
□Other	Other				
☐Chairman Name:	☐Chairman Name:				
□Vice Chairman Address: 205 Powell Place, Suite 104	□Vice Chairman Address: 205 Powell Place, Suite 104				
Brentwood, TN 37027	Brentwood, TN 37027				
□ President	□President				
□Vice President	□Vice President				
☐Secretary ☐Treasurer	□ Vice President □ Secretary □ Chief Medical Of □ Other □ □ □ Other □ Oth				
Chief Legal Ofc Other	Other Other				
□Chairman Name:	□Chairman Name:				
□Vice Chairman Address:	□Vice Chairman Address:				
□ Director	□ Director				
□ President	□President				
□ Vice President	□Vice President				
□Secretary □Treasurer	□ Secretary □ Treasurer				
□Other	Other Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer					

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeff Sholey, Chief Financial Officer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Merger for CHS TX, Inc. (file number 804552857), a Domestic For-Profit Corporation, was filed in this office on May 03, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on May 10, 2022.

P11 4: 14



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

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Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1147152400005