

B12000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

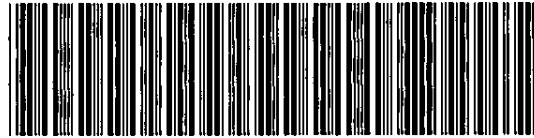
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 DEC 12 PM 2:35
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C. LEWIS

DEC 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2012

FLORIDA FILING & SEARCH SERVICES, INC.
ATTN: ABBIE PAUL HODGE

SUBJECT: ADVANCED HEALTHCARE PARTNERS, L.P.
Ref. Number: B12000000035

We have received your document for ADVANCED HEALTHCARE PARTNERS, L.P. and check(s) totaling \$35.00 of which \$ has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$17.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00029466

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/13/12

NAME: ADVANCED HEALTHCARE PARTNERS, LP

TYPE OF FILING: AMENDMENT TO CERTIFICATE OF AUTHORITY

COST: 52.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Healthcare Partners, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James St. Louis

Contact Person

Firm/Company

201 E. Kennedy Blvd., Suite 325

Address

Tampa, FL 33602

City, State and Zip Code

accounting@advancedhealthcarepartners.com

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

For further information concerning this matter, please call:

Jason Burke

Name of Contact Person

at (813)

226-2800

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

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**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Advanced Healthcare Partners, L.P.

2. The jurisdiction of its formation is: Delaware

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3. The date the entity was authorized to transact business in Florida is: February 15, 2012

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Advanced Healthcare Partners Holdings, L.P.

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

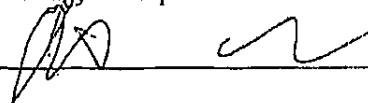
☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. 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 of a general partner:



Typed or printed name:

James St. Louis, CEO of the GP

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

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ADVANCED HEALTHCARE PARTNERS, L.P.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ADVANCED HEALTHCARE PARTNERS HOLDINGS, L.P.", THE TWENTY-SIXTH DAY OF MARCH, A.D. 2012, AT 3:51 O'CLOCK P.M.

5046422 8320

121328052

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0058463

DATE: 12-12-12