

FO7000005503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

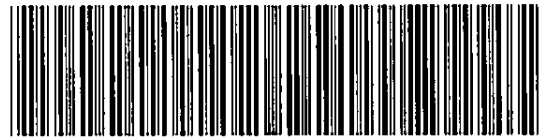
(Document Number)

Certified Copies _____

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Special instructions to Filing Officer

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800424230068

Amend

2024 MAR 13 AM 9:53

FILED

2024 MAR 13 AM 10:53

RECEIVED

A. RAMSEY
MAR 14 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/13/2024
Acc#I20160000072

mic DW

Name:	WellMed Medical Management, Inc.
Document #:	
Order #:	15436382 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

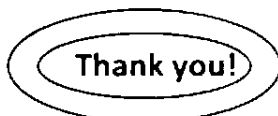
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	43.75
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WellMed Medical Management, Inc.

Name of Corporation

DOCUMENT NUMBER: F07000005503

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

tia.jenkins@uhg.com

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F07000005503

(Document number of corporation (if known))

1. WellMed Medical Management, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 11/06/2007
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

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2024 MAR 13 AM 9:53

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Asst Secr	Mary Kay Coffey	8637 Fredericksburg Road, Suite 360	<input type="checkbox"/> Add
		San Antonio, TX 78240	<input checked="" type="checkbox"/> Remove
Assistant	Diana Curry	19500 IH 10 W	<input checked="" type="checkbox"/> Add
		San Antonio, TX 78257	<input type="checkbox"/> Remove
Assistant	Timothy J. Langdon	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		Minnetonka, MN 55343	<input type="checkbox"/> Remove
Director	Travis J. Winkey	19500 IH 10 W	<input checked="" type="checkbox"/> Add
		San Antonio, TX 78257	<input type="checkbox"/> Remove
Director	Wyatt W. Decker, M.D.	11000 Optum Circle	<input type="checkbox"/> Add
		Eden Prairie, MN 55344	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Heather A. Lang

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00