

Jun 19 2015 12:00 PM

EDWARD S. TILDMAN

NAME

ES1-

8 JUN 19

P. 2

F09000003054

Division of Corporations

Page 1 of 2

**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.

(((H15000149996 3)))



H150001499963ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

15 JUN 19 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : LOCKE LORD LLP
Account Number : 075410001517
Phone : (561) 820-0260
Fax Number : (888) 325-9197

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: chakri.toleti@healthgrid.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PATIENT POINT COORDINATED CARE SOLUTIONS, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	25
Estimated Charge	\$52.50

15 JUN 19 AM 11:26

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 22 2015

T CANNON

Jun 19 2015 12:27PM EDWARDS WILDMAN PALMER 561-655-8719

p.1

850-617-6381

8/19/2015 11:45:43 AM PAGE 1/001 Fax Server



June 19, 2015

FLORIDA DEPARTMENT OF STATE

PATIENT POINT COORDINATED CARE SOLUTIONS, INC.
Division of Corporations

FAX FILINGLOCKE LORD LLP**

STE 200

ORLANDO, FL 32819US

SUBJECT: PATIENT POINT COORDINATED CARE SOLUTIONS, INC.

REF: F09000003054

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is a comma between SOLUTIONS and INC in the entity name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

FAX Aud. #: H15000149996
Letter Number: 015A00012920

Correction Made.

*Please re-submit
using 6/19/15 as the
date of filing.*

cf Pages total.

P.O BOX 6327 - Tallahassee, Florida 32314

Thank-you!

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 19 AM 11:26

**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)**

F09000003054

(Document number of corporation (if known))

1. PatientPoint Coordinated Care Solutions, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. April 2, 2013

(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? June 10, 2015

5. HealthGrid Coordinated Care Solutions, Inc.

(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.

N/A

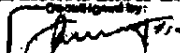
(New duration)

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

N/A

(New jurisdiction)

8. 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)

Chakravarthy Tolsci

(Typed or printed name of person signing)

President

(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PATIENTPOINT COORDINATED CARE SOLUTIONS, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "HEALTHGRID COORDINATED CARE SOLUTIONS, INC.", THE TENTH DAY OF JUNE, A.D. 2015, AT 6:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4714276 8320

150941736

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2479901

DATE: 06-18-15