

To:

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2024-05-09 14:27:16 CST

1614567862

From: James Tanks

**F14000003403**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ASPIRE HEALTH MEDICAL PARTNERS, P.C., P.A.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

**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)**

F14000003403

(Document number of corporation (if known))

1. Aspire Health Medical Partners, P.C.

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

2. Tennessee

(Incorporated under laws of)

3. \_\_\_\_\_

(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. Carelon Medical Partners, P.C.

(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: \_\_\_\_\_

(City)

Florida

(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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TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input 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.

*Jori Sawan*

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

JORI SAWAN

\_\_\_\_\_  
(Typed or printed name of person signing)

SECRETARY

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35.00**



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

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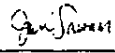
I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Carelon Medical Partners, P.C.**, Control # 748411 was formed or qualified to do business in the State of Tennessee on 02/21/2014. Carelon Medical Partners, P.C. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

*Tre Hargett*  
Tre Hargett  
Secretary of State

Processed By: Alexis Uqdah

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B1460-4372	12/26/2023	Articles of Amendment

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>State of Tennessee</b> Department of State Corporate Filings 312 Rosa L. Parks Ave. 6<sup>th</sup> Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p><b>ARTICLES OF AMENDMENT TO THE CHARTER (For-Profit)</b></p> </div> </div>	<p><i>For Office Use Only</i></p>
<p>CORPORATE CONTROL NUMBER (IF KNOWN) <u>000748411</u></p>	
<p>PURSUANT TO THE PROVISIONS OF SECTION 48-20-106 OF <i>THE TENNESSEE BUSINESS CORPORATION ACT</i>, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:</p>	
<p>1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:  <u>Aspire Health Medical Partners, P.C.</u>          IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW :  <u>Carelon Medical Partners, P.C.</u></p>	
<p>2. PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.  <input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE, <u>01/01/2024</u> (MONTH, DAY, YEAR)</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING</p>	
<p>3. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS _____ STREET ADDRESS _____          _____ CITY _____ STATE/COUNTY _____ ZIP CODE _____</p> <p>B. REGISTERED AGENT _____</p> <p>C. REGISTERED ADDRESS: _____ STREET ADDRESS _____          _____ TN _____          _____ CITY _____ STATE _____ ZIP CODE _____ COUNTY _____</p> <p>D. OTHER CHANGES: _____</p>	
<p>4. THE CORPORATION IS FOR PROFIT .</p>	
<p>5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF ISSUED SHARES IS AS FOLLOWS:</p>	
<p>6. THE AMENDMENT WAS DULY ADOPTED ON <u>12/22/23</u> ( MONTH, DAY, YEAR)          BY (Please mark the block that applies):</p> <p><input type="checkbox"/> THE INCORPORATORS WITHOUT SHAREHOLDER ACTION, AS SUCH WAS NOT REQUIRED.  <input checked="" type="checkbox"/> THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER APPROVAL, AS SUCH WAS NOT REQUIRED.  <input type="checkbox"/> THE SHAREHOLDERS.</p>	
<p>Secretary SIGNER'S CAPACITY</p> <p><u>12/05/2023</u> DATE</p>	<p style="text-align: center;"></p> <p>SIGNATURE</p> <p><u>Jori Sawan</u> NAME OF SIGNER (TYPED OR PRINTED)</p>