

To:

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2022-11-16 12:49:16 CST

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From: David Thomas

11/9/22, 3:41 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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*N/C & Amend*

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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2022 NOV 16 PM 2:11

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CAPITAL HEALTHCARE SERVICES (PA), INC.**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$43.75

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Electronic Filing Menu

Corporate Filing Menu

*A. RAMSEY*  
*NOV 18 2022*

**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)**

F18000000692

(Document number of corporation (if known))

1. Capital Healthcare Services (PA), Inc.

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

2. Pennsylvania

3. 2/9/2018

(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? 6/15/2021

5. Amare Medical Network Services, 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.

(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 CT Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation, Florida 33324

(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.

Kaitly Toon, Asst. Secy.

Signature of New Registered Agent, if changing

2022 NOV -9 AM 8:08  
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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>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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		<hr/>	<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.

Arthur B. Hoopes

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

Arthur B. Hoopes

(Typed or printed name of person signing)

Arthur B. Hoopes

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

President

(Title of person signing)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
dos.pa.gov/BusinessCharities

<b>Entity Name:</b>	Amare Medical Network Services, Inc.		
<b>Jurisdiction:</b>	PENNSYLVANIA	<b>Issuance Date:</b>	11/09/2022
<b>Entity No.:</b>	0000597745	<b>Receipt No.:</b>	000243562
<b>Entity Type:</b>	Domestic Business Corporation	<b>Certificate No.:</b>	004430217

**Document Listing**

Image No.	Date Filed	Effective Date	Filing Description	No. of Pages
A3463276-1	05/24/2021	05/24/2021	Articles of Amendment - Domestic Corporation	3

\*\*\* \*\*\*\*\* End of list \*\*\*\*\* \*\*

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

*Leigh M. Chapman*

**LEIGH M. CHAPMAN**  
Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)

Entity#: 597745  
Date Filed: 06/15/2021  
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Articles of Amendment-Domestic Corporation  
(15 Pa.C.S.)**

☒ Business Corporation (§ 1915)  
☐ Nonprofit Corporation (§ 5915)

Name <b>Jackie Horwat</b>		
Address <b>535 Smithfield Street, Suite 300</b>		
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>



TML210616LB1316

Fee: \$70.00

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
**Capital Healthcare Services, Inc.**

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
202 Lakeside Way,	Greensburg	PA	15601	Westmoreland

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o: \_\_\_\_\_

3. The statute by or under which it was incorporated: **Business Corporation Law of 1988**

4. The date of its incorporation: **4/26/2006**

5. Check, and if appropriate, complete one of the following:

☒ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☐ The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date Hour

**PA DEPT OF STATE**

**JUN 15 2021**

PENN File: May 24, 2021

DSCB: 15-1915/5915-2

## 6. Check one of the following:

- ☐ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- ☒ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b):

## 7. Check, and if appropriate, complete one of the following:

- ☐ The amendment adopted by the corporation, set forth in full, is as follows
- ☒ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

## 8. Check if the amendment restates the Articles:

- ☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

24 day of May, 2021

Capital Healthcare Services, Inc.

Name of Corporation

Arthur G. Hoopes

Signature

President

Title

**Attachment to  
Articles of Amendment**

The name of the Corporation is hereby changed to "Amare Medical Network Services, Inc."

The Registered Office Address of the Corporation is hereby changed to "40 Lincoln Way, Suite 200, Irwin, PA 15642, Westmoreland County."