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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845 R WHITE

OCT 2 1 2023

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN PARTNERS HEALTHCARE SP, INC.

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## NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA

(Pursuant to s. 617.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

F18000001681	
(Document	Number of Corporation (If known)
Partners Healthcare SP, Inc.	
(Name of corporation as it	appears on the records of the Department of State)
Massachusetts	3.4/10/2018
(Incorporated under laws of)	3. 4/10/2018 (Date authorized to conduct affairs in Florida)
	SECTION II
(4-8 COMPLETE	ONLY THE APPLICABLE CHANGES)
If the amendment changes the name of the	corporation, when was the change effected under the laws of
jurisdiction of incorporation? 10/2/2020	
ote: If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's	
Mass General Brigham Specialty Pharmacy, Inc.	
(Name of corporation after the amendment, adding su	offix "corporation," or "incorporated," or appropriate abbreviation, mpany," or "Co.," may not be used as a corporate suffix by a nonprofit
if not contained in new name of the corporation. "Coccorporation)	mpany," or "Co.," may not be used as a corporate suffix by a nonprofit
If the amandment changes the period of dura	ation, indicate new period of duration and the date the change w
effected.	Month molecule her period of distance the date we shall ge
(New duration)	(Date)
If the amendment changes the jurisdiction is	of incorporation, indicate new jurisdiction and the date the ch
as effected.	
	3
(New jurisdiction)	(Date)
If the purpose which the corporation intends	to pursue in Florida has changed, indicate new purpose.
if the purpose which the corporation interiors	to parsuo in 1 fortuna and on the Board and a fortuna and
	-
(The corporation is authorized to pur	sue such purpose in the jurisdiction of its incorporation)
O days prior to delivery of the application to having custody of corporate records in the unit	ar import, evidencing the amendment, authenticated not more the Department of State, by the Secretary of State or other or isdiction under the laws of which it is incorporated.
140	A literal walls will be a literal wall and the lite
(Signature of the engiring or year if in the hands of a receiver, trus	ec Caniman of the board, president, or other officer stee, or other court-appointed fiduciary, by that fiduciary)
Michael Carter	President
(Typed or printed name of the person signing)	(Title of person signing)



# The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

October 19, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that

### PARTNERS HEALTHCARE SP, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on May 30, 2017 (Chapter 180).

I also certify that by Articles of Amendment filed here October 2, 2020, the name of said corporation was changed to

#### MASS GENERAL BRIGHAM SPECIALTY PHARMACY, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Galicin