

2/2/21

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

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Account Name : C T CORPORATION SYSTEM  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HEALTHCARE2U PHYSICIAN SERVICES CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Change is listed in  
section 8 - please keep  
original filing date of  
2/2/21

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Corporate Filing Menu

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FEB 05 2021

FEB 05 2021

**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)**

F20000002124

(Document Number of Corporation (if known))

1. Healthcare2U Physician Services Corporation

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

2. Texas

(Incorporated under laws of)

3. 5/4/2020

(Date authorized to conduct affairs in Florida)

**SECTION II**  
**(4-8 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? \_\_\_\_\_

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. \_\_\_\_\_

(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

\_\_\_\_\_  
(New duration)

\_\_\_\_\_  
(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

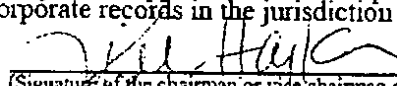
\_\_\_\_\_  
(New jurisdiction)

\_\_\_\_\_  
(Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.  
Arranging for the delivery of various modalities of health care to the public.

\_\_\_\_\_  
(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. 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 the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Jill Hajka

(Typed or printed name of the person signing)

Treasurer

(Title of person signing)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughs  
Secretary of State

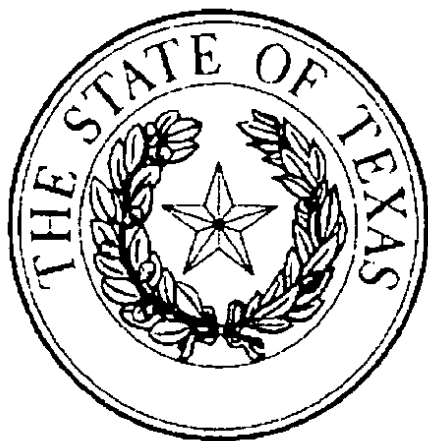
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Healthcare2U Physician Services (file number 803170473), a Domestic Nonprofit Corporation, was filed in this office on November 20, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 01, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State