F2100004979

Office Use Only

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2022 JULY 15 PH 2: 57

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J 8/23/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: ____07/15/2022

	Acc#I20160000072		
Name:	CareMount Medical, P.C.		
Document #:			
Order #:	14444898		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:	Country of Destination: Number of Certs:		
Filing:	Certified: V Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75		

Thank you!

COVER LETTER

TO: Amendme	nt Section Division of Corporation	ons	
SUBJECT: Carch	Mount Medical, Corporation		
	Name	of Corporation	
DOCUMENT NU	MBER:F21000004979		
The enclosed Amer	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
Christine Feldman			
	Name of Contact Person		
Optum			
	Firm/Company		
9900 Bren Road Ea	st, AZ990-1000		
	Address		
Minnetonka, MN	55343		
	City/State and Zip Code		
christine.e.feldman	@uhg.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Christine Feldman		925 519-8819 at (
Name	of Contact Person	at ()Area Code & Daytime	l'elephone Number
Enclosed is a check	c for the following amount:		
]\$35 Filing Fec		☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



August 19, 2022

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: CARMOUNT MEDICAL, CORPORATION

Ref. Number: F21000004979

We have received your document for CARMOUNT MEDICAL, CORPORATION and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Please submit a certificate or document evidencing the name change and the date of the name change.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 822A00018510



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2022

CT CORP

CORRECTED
Please Allow For Same File Date

SUBJECT: CARMOUNT MEDICAL, CORPORATION

Ref. Number: F21000004979

We have received your document for CARMOUNT MEDICAL, CORPORATION and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

We need a certificate or document evidencing the name change and the date of the name change. You will need to remove the small print name (OPTUM MEDICAL CARE, P.C.) from number 5.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00018235



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2022

CT CORP

CORRECTED
Please Allow For Same File Date

SUBJECT: CARMOUNT MEDICAL, CORPORATION

Ref. Number: F21000004979

We have received your document for CARMOUNT MEDICAL, CORPORATION and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Number 5 needs to read: OPTUM MEDICAL CARE, P.C. CORPORATION; please correct your document. We need a certificate or document evidencing the name change and the date of the name changed.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 622A00018047

2022 AUG 15 PM 3: 09



July 18, 2022

CT CORP

CORRECTED
Please Allow For Same File Date

SUBJECT: CARMOUNT MEDICAL, CORPORATION

Ref. Number: F21000004979

We have received your document for CARMOUNT MEDICAL, CORPORATION and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please submit a certificate or document evidencing the name along with the date of the name change; also please correct number five to say P.C. and the suffix.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 722A00015986

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)

2022 JUL 15 PM 2:57

	(1-3 MUST BE COMPLETED)	
F21000	0004979	;
	(Document number of corporation (if known)	· ·
C	AREMOUNT MEDICAL, CORPORATIO	N
(Name of cor	rporation as it appears on the records of the Departme	ent of State)
NEW YORK	3. 08/27/2021	
(Incorporated under la	aws of) (Date authorize	ed to do business in Florida)
(4-7 (SECTION II COMPLETE ONLY THE APPLICABLE CHANC	GES)
1. If the amendment changes the name of the incorporation? 06/21/2022	corporation, when was the change effected under the	laws of its jurisdiction of
Optum Medical Care, P.C. Corpo	ration	
(Name of corporation after the amendmen if not contained in new name of the corpo	nt, adding suffix "corporation," "company," or "incorporation)	porated," or appropriate abbreviation,
(If new name is unavailable in Florida, ent	er alternate corporate name adopted for the purpose o	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 jurisdi	iction of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
8. If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter the na egistered office address:	me of the
Name of New Registered Agent		
_	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regist	changing Registered Agent: tered agent. I am familiar with and accept the obliga	ations of the position.
Signature of New Regi	stered Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	<u>Address</u>	Type of Action
Treasurer	CONROY, KEVIN	90 S BEDFORD RD	Add
		MOUNT KISCO, NY 10549	l×\emove
Treasurer	ROONEY, DIANE	90 S BEDFORD RD	× Add
		MOUNT KISCO, NY 10549	L_Remove
			
			Ltemove
			Add
			L.Remove
			Add
			Cemove
10. Attached is a of the applica under the law	certificate or document of similar import, ation to the Department of State, by the Sectors of which it is incorporated.	, evidencing the amendment, authenticat retary of State or other official having cus	ed not more than 90 days prior to deliver tody of corporate records in the jurisdiction
	5 off may works (34.14), 1.2	2 3 42 CC*	
	(Signature of a dire a receiver or other	ector, president or other officer - if in the r court appointed fiduciary, by that fiduci	hands of iary)
SCOTT DA	VID HAYWORTH, M.D.	PRESIC	
	(Typed or printed name of person signing	g) (Title o	of person signing)

FILING FEE \$35.00

Signature:

Email: avaramo@caremunt.com

STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy for OPTUM MEDICAL CARE, P.C., File Number 220621002342 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 22, 2022.

Brendan C. Hughes

Executive Deputy Secretary of State

Brandon C Hugher

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION OF CAREMOUNT MEDICAL, P.C.

Under Section 805 of the Business Corporation Law

The undersigned, an authorized person of CareMount Medical, P.C. (the "Corporation") hereby certifies and sets forth:

- 1. The name of the Corporation is CareMount Medical, P.C.
- The certificate of incorporation of the Corporation was filed by the Department of State
 on December 18, 1989, under the original name of MOUNT KISCO MEDICAL GROUP, P.C.
- 3. Paragraph PIRST of the certificate of incorporation of the Corporation, which sets forth the Corporation's name, is hereby amended and shall read as follows:

FIRST: The name of the Corporation is Optum Medical Care, P.C.

4. This amendment to the certificate of incorporation of the Corporation was authorized, pursuant to section 615(a) of the Business Corporation Law, by the sole shareholder, setting forth the action so taken, signed by the sole shareholder of all outstanding shares.

IN WITNESS WHEREOF, this certificate has been subscribed this 24th day of February 2022 by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

Scott D. Hayworth, M.1) Authorized Etson