# -980000000090

TO: Amendment Section Division of Corporations

CID TROT.	Canitated	Health	Caro	Sarvices	Tnc

(Name of corporation)

DOCUMENT NUMBER: FQ\$00000090

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy L. Malakoff

(Name of person)

(Name of pe

CHCS, Inc.

(Name of firm/company)

3050 Universal Blvd., Suite 150

(Address)

Weston, FL 33331

(City/state and zip code)

For further information concerning this matter, please call:

Stacy L. Malakoff

(Name of person)

954 283

(Area code & daytime telephone number)

Mailing Address:

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

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Note: Same people have # P95000014416

to02 8727

B 5/24/02\_

000005146910--4 -03/22/02--01067--001

\*\*\*\*\*43.75 \*\*\*\*\*43.75



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 28, 2002

STACY L. MALAKOFF CHCS, INC. 3050 UNIVERSAL BLVD., STE. 150 WESTON, FL 33331

SUBJECT: CAPITATED HEALTH CARE SERVICES, INC.

Ref. Number: F98000000090

We have received your document for CAPITATED HEALTH CARE SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

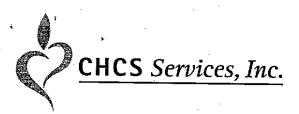
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 102A00018646

Kee'd 5/23



May 22, 2002

Velma Shepard Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Re: Letter Number 102A00018646

Name change

Dear Ms. Shepard:

Enclosed please find an original, duly authenticated certificate from the State of Delaware evidencing the name change amendment for Capitated Health Care Services, Inc. along with a copy of the above referenced letter number. According to your letter, the department has already received our check in the amount of \$43.75 as payment for the name change with the State of Florida.

If you have any questions regarding this matter, please call me at (954) 283-4836. I will be out of the office from May 24<sup>th</sup> until June 10<sup>th</sup>, 2002 so please leave a message and I will call you when I return. Thank you for your help with this matter.

Sincerely,

Stacy L. Malakoff

Assistant Controller/HR Specialist

### 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)

F980000090	
Document Number of Corpora	ation (If known)
. Capitated Health Care Services, Inc.	َ بِينَ الْمِنْ الْمِن المُنْ الْمِنْ الْمِن
(Name of corporation as it appears on the reco	ords of the Department of State)
Delaware	Tanuary 6 1000
(Incorporated under laws of)	
	5.
SECTION I	[
(4-7 COMPLETE ONLY THE APPI	JICABLE CHANGES)
. If the amendment changes the name of the corporation, when	was the change effected under the laws of
its jurisdiction of incorporation? October 5, 1999	
-	
. CHCS, Inc.	
(Name of corporation after the amendment, adding suffix "corporation" "contained in new name of the corporation)	ompany" or "incorporated," or appropriate abbreviation, if
• /	
. If the amendment changes the period of duration, indicate new	period of duration
be a second of database, indicate new	period of duration.
(New duration)	
. If the amendment changes the jurisdiction of incorporation, inc	licate new jurisdiction.
	<u> </u>
(New jurisdiction	1)
$\leq_{LA,Q,q}$	
Susa S	March 19, 2002
(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of	(Date)
president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that	
fiduciary)	
Susun Zimmerman (Typed or printed name)	Chief Operating Officer (Title)
(1 yped or printed name)	(Title)

## Delaware

#### The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CAPITATED HEALTH CARE SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHCS, INC.", THE FIFTH DAY OF OCTOBER, A.D. 1999, AT 9 O'CLOCK A.M.



Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

2479609 8320

020321870

AUTHENTICATION: 1787436

DATE: 05-21-02