

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PALMS OF PASADENA HOMECARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$35.00

*Klame chg
@ 10/11/13*

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palms of Pasadena Homecare, Inc.

Name of Corporation

DOCUMENT NUMBER: F99000006099

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacey McLaughlin

Name of Contact Person

IASIS Healthcare

Firm/Company

117 Seaboard Lane, Building E

Address

Franklin, TN 37067-2855

City/State and Zip Code

smclaughlin@iasishealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey McLaughlin

Name of Contact Person

at **(615) 467-1238**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

850-817-6381 10/8/2013 3:09:53 PM PAGE 1/001 Fax Server



October 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PALMS OF PASADENA HOMECARE, INC.
117 SEABOARD LANE
DOVER CENTRE, BUILDING E
FRANKLIN, TN 37067US

SUBJECT: PALMS OF PASADENA HOMECARE, INC.
REF: F99000006099

RE-SUBMIT

Please retain original filing
date of submission 10/4

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is B99000000387 - PP TRANSITION LP.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H13000221323
Letter Number: 513A00023622

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



October 4, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PALMS OF PASADENA HOMECARE, INC.
117 SEABOARD LANE
DOVER CENTRE, BUILDING E
FRANKLIN, TN 37067US

SUBJECT: PALMS OF PASADENA HOMECARE, INC.
REF: F99000006099

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certification is referencing the wrong name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H13000221323
Letter Number: 413A00023396

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CLERK OF THE STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314



Dover Centre • 117 Seaboard Lane • Building E • Franklin, Tennessee 37067
Phone: 615-844-2747 • Facsimile: 615-846-3006 • www.iasishealthcare.com

October 11, 2013

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Consent to Use of Name

Dear Sir or Madam:

Palms of Pasadena Hospital, LP n/k/a PP Transition LP, a limited partnership, formed under the laws of the State of Delaware, hereby provides its consent to the corporation of Palms of Pasadena Homecare, Inc. to the use of the similar name PP Transition, Inc.

Respectfully submitted,

IASIS Healthcare Holdings, Inc., general partner to
PP Transition LP

By: 
Name: Stacey G. McLaughlin
Its: Assistant Secretary

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)

F99000006099

(Document number of corporation (if known))

1. Palms of Pasadena Homecare, Inc.

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

2. Delaware

(Incorporated under laws of)

3. 11/24/1999

(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? _____

5. PP Transition, 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. 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.

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

(Typed or printed name of person signing)

Frank A. Coyle
Secretary

(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PALMS OF PASADENA HOMECARE, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PP TRANSITION, INC.", THE SECOND DAY OF OCTOBER, A.D. 2013, AT 11:51 O'CLOCK A.M.

3115470 8320

131162605

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0789067

DATE: 10-04-13