

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

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

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
PARTNERSINSCRIBE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** partnersINSCRIBE, LLC

Name of Limited Liability Company

**Dear Sir or Madam:**

**The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

Name of Person

Firm/Company

### Address

City/State and Zip Code

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

**For further information concerning this matter, please call:**

Name of Person

Area Code &amp; Daytime Telephone Number

**STREET/COURIER ADDRESS:**

**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301**

**MAILING ADDRESS:**

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

**Enclosed is a check for the following amount:**

☐ **\$25 Filing Fee**☐ \$\$\$ Filing Fee & Certified Copy

INHS18 (2/14)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: partnersINSCRIBE, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
6802 ENERGY COURT  
SARASOTA, FL 34240

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
6802 ENERGY COURT  
SARASOTA, FL 34240

3. 01/16/2004 Date of filing/registration in Florida

4. L04000004687 Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jordan Brown, Authorized Person

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System

By: Ausha Arnold  
Signature of Registered Agent

Ausha Arnold, Asst. Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (2/14)

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**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Origin Holdings Inc., a corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Jordan Brown, Ausha Arnold, April Wittenwyler, Danijela Byers, Abi Busch, and Katey Judd, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the corporation and in the corporation's name for the limited purposes authorized herein.

The corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the corporation. The attorney-in-fact will not make such changes without the prior approval of the corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jordan Brown, Ausha Arnold, April Wittenwyler, Danijela Byers, Abi Busch, and Katey Judd, shall exercise the power of Vice President, Secretary and/or Manager.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 23<sup>rd</sup> day of December, 2014.

Origin Holdings Inc., a Delaware Corporation

By: 

Name: Thomas A. Waldman

Title: Vice President & Secretary

**Schedule A**

**Subsidiary entities of Origin Holdings Inc.:**

Origin Parent LLC (Delaware LLC)  
Origin Healthcare Solutions LLC (Delaware LLC)  
Precision.BI, LLC (Delaware LLC)  
Health Care Management Group, LLC (Maryland LLC)  
Medcon Acquisition, L.L.C. (Delaware LLC)  
SSIMed, LLC (Delaware LLC)  
partnersINSCRIBE, LLC (Florida LLC)  
Premier Physician Management Services, LLC (d/b/a Partners in Practice) (Florida LLC)

State of California )  
County of San Diego)

On DEC. 23rd, 2014 before me,  
APRIL BARCENAS Notary Public  
(insert name and title of the officer)  
personally appeared  
THOMAS A. WALDMAN

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

APRIL BARCENAS Notary Public

