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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 06/09/2015	Account #: I20000000088
Name: Michelle Walker	
Reference #: T000414	
ENTITY NAME: EDCARE CONSULTING, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other: CERTIFIED COPY	
Authorized Amount: 55	
Signature: Michelle Walker	

COVER LETTER

Divi	sion of Corpo	rations			
SUBJECT:	EDCare Cons	ulting, LLC			
SOBJECT		Name of Limite	ed Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Frank Springer			
			Name of Person		-
		Hospital Physician Partners			
Firm/Company				-	
		300 S. Park Road, Suite 400)		
			Address		-
		Hollywood, FL 33021			
			City/State and Zip Code		-
		legal@hppartners.com			
		E-mail address: (to	be used for future annual rep	ort notification)	
For further in	formation con	cerning this matter, please cal	l:		
Frank Spring	ger		954 981-6 at () Area Code		
	Name of P	erson	Area Code	Daytime Telephone Numbe	r
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDCare Consulting, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)	
(A Florida Limited Li	lability Company)	ASE 15
	March 21, 2007	F9 % T
The Articles of Organization for this Limited Liability Company v	were filed on Water 21, 2007	and assigned
Florida document number L07000030588		ASF -9
This amendment is submitted to amend the following:		江台 王
		PH 5: 03 Y OF STATE
A. If amending name, enter the new name of the limited liabil	lity company here:	
		Om S
The new name must be distinguishable and contain the words "Limited Liability	ty Company "the designation "LLC" or	the abbreviation "L.L.C."
The new maine must be distinguishable and commit me words summed shapin		
Enter new principal offices address, if applicable:	300 S. Park Road, Suite 400	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, Florida 33021	
Trincipul Office dudress MOST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	Attn: Legal Department	
,	300 S. Park Road, Suite 400	
(Mailing address MAY BE A POST OFFICE BOX)		
	Hollywood, Florida 33021	
B. If amending the registered agent and/or registered off	lice address on our records, e	nter the name of the new
registered agent and/or the new registered office address here		, 42
Name of New Registered Agent:		
N. D. 11 1000 All		
New Registered Office Address:	Enter Florida street address	
	Zinor I torium sir eer aum ess	
	, Florid	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDCare Management, Inc.	300 S. Park Road, Suite 400	Add
		Hollywood, FL 33021	■ Remove
			☐ Change
MGR	Jeffrey Schillinger	300 S. Park Road, Suite 400	Add
		Hollywood, FL 33021	■ Remove
			☐ Change
MGR	Sarah C.H. Crass	1300 Riverplace Blvd, Suite 300	Add
		Jacksonville, FL 32207	■ Remove
			☐ Change
MGR	David Schillinger, MD	300 S. Park Road, Suite 400	Add
		Hollywood, FL 33021	Remove
			□ Change
			Add
			Remove Change
			PHAdd Remove
			□ Change

		
		
		
		
fective date, if other than the date of filing:	onal) r filing.) Pursuant is date will not b	to 605.020 be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 and the first the record is filed.	a.m. on the	earlier o
ted June 9 , 2015	SECRET TALLAH	
Signature of a member or authorized representative of a member	75 A	
	EF.F	PH 5:
David Schillinger, MD	LS	5: 0 3

Page 3 of 3

Filing Fee: \$25.00