

L11000064280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

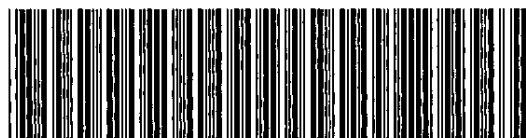
(Business Entity Name)

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2012 JUN 21 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL -2 2012

EXAMINER

LAUER & THOMSON, LLC  
ATTORNEYS AT LAW

618 Beaver Street  
Suite 104  
Sewickley, PA 15143

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William R. Lauer, Esq.  
wrl@LauerThomson.com

Peter H. Thomson, Esq.  
pht@LauerThomson.com

June 7, 2012

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

**Re:   *Frontier Health Solutions, LLC***  
***Priority Care Solutions, LLC***

Dear Sir or Madam:

Enclosed please find Articles of Amendment along with a check for \$25.00 for filing. In addition, I am enclosing Articles of Merger and the filing fee of \$70.00. Thank you.

If you have any questions, please call my office.

Very truly yours,

LAUER & THOMSON, LLC



Peter H. Thomson

Enclosure

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**2012 JUN 21 PM 3:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Frontier Health Solutions, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter H. Thomson, Esq.

Name of Person

LAUER & THOMSON, LLC

Firm/Company

618 Beaver Street, Suite 104

Address

Sewickley, PA 15143

City/State and Zip Code

pht@lauerthomson.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter H. Thomson, Esq.

Name of Person

at ( 412 )

741-2400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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**

**FRONTIER HEALTH SOLUTIONS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 1, 2011 and assigned  
Florida document number L11000064280.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3802 Corporex Park Drive

Suite 100

Tampa, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3802 Corporex Park Drive

Suite 100

Tampa, FL 33619

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

3802 Corporex Park Drive, Suite 100

*Enter Florida street address*

Tampa,  
*City*

Florida

33619

*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 608, 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**

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated February 9, 2012

[Signature]  
Signature of a member or authorized representative of a member

Shannon L. Vissman, Manager  
Typed or printed name of signee