

L11000084500 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

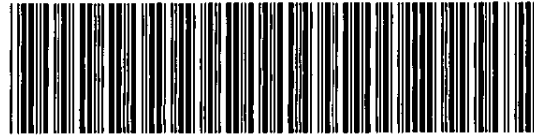
(Business Entity Name)

(Document Number)

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11 NOV - 8 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 9 - 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BayCare Physician Partners, 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:

Dr. Bruce Flareau

Name of Person

BayCare Physician Partners, LLC

Firm/Company

16255 Bay Vista Drive

Address

Clearwater, Florida 33760

City/State and Zip Code

Bruce.Flareau@baycare.org

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

For further information concerning this matter, please call:

Scott Kizer

Name of Person

at (727)

519-1876

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

11 NOV - 0 PM 12:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BayCare Physician Partners, 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 July 22, 2011 and assigned
Florida document number L11000084500.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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

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:

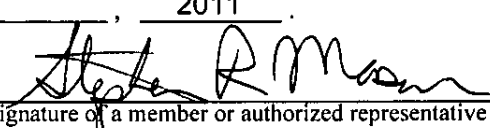
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article III is deleted in its entirety and replaced with the attached.

Dated October 18, 2011


Signature of a member or authorized representative of a member

Stephen R. Mason
Typed or printed name of signee

FILED
11 NOV - 8 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION
FOR
BAYCARE PHYSICIAN PARTNERS, LLC.**

ARTICLE III

The purposes for which this Limited Liability Company ("Company") is organized are:

A. To improve the health of patients and populations served by the Company and BayCare Health System, Inc., a Florida not-for-profit corporation ("BayCare");

B. To serve as an integral part of BayCare's community-focused comprehensive delivery system by establishing a community-focused clinically integrated delivery network;

C. To respond to the changing health care environment and meet the future health care needs of the populations served by the Company and BayCare;

D. To reduce the cost of delivering health care services while enhancing the general quality of, and access to, health care furnished to the community;

E. To eliminate unnecessary clinical variation by coordinating the delivery of health care services on a cost-effective basis;

F. To monitor the health care services provided through and arranged by the Company;

G. To integrate the provision of health care provided by providers contracted with the Company in order to supply the means by which physicians may participate together in a lawful clinically integrated delivery network allowing broad geographic coverage of physicians, hospitals and other health care services that benefit the community as well as third-party payors;

H. To enter into arrangements with government and private health benefit plans on behalf of the providers contracted with the Company to ensure the provision of high quality, cost-effective health care services to patients;

I. To increase the quality of health care services provided by providers contracted with the Company by participating in joint or coordinated planning, service, development, and management operations with other health care providers in order to lower costs and increase quality and accessibility of necessary health care services;

J. To improve the patient experience for patients receiving services from providers contracted with the Company;

K. To conduct the Company's activities to promote the charitable and educational purposes of BayCare within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as it may be amended from time to time;

L. To not perform any act or omission which would alter or jeopardize the basis for the tax-exempt status of BayCare; and

M. Notwithstanding any other provisions of these Articles of Organization, the Company is formed for the object and purpose of engaging in any lawful act or activity for which limited liability companies may be formed under the Florida Limited Liability Company Act, and engaging in any and all activities necessary or incidental to the foregoing.

FILED

11 NOV - 8 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2011

DR. BRUCE FLAREAU
BAYCARE PHYSICIAN PARTNERS, LLC
16255 BAY VISTA DRIVE
CLEARWATER, FL 33760

SUBJECT: BAYCARE PHYSICIAN PARTNERS, LLC
Ref. Number: L11000084500

We have received your document for BAYCARE PHYSICIAN PARTNERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 411A00024249