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(Requestor's Name)

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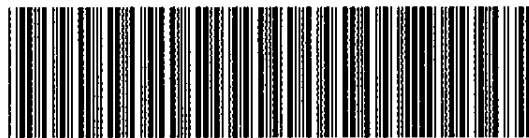
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TALLAHASSEE, FLORIDA

T. Bureh JUN 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA COMMUNITY CARE NETWORK, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

F. Philip Blank

Name of Person

F. Philip Blank, P.A.

Firm/Company

204 S. Monroe Street

Address

Tallahassee, FL 32301

City/State and Zip Code

kim@blanklaw.com

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

For further information concerning this matter, please call:

Kim O'Neal

at

850

681-6710

Name of Person

Area Code

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

AMENDED STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, SOUTH FLORIDA COMMUNITY CARE NETWORK, LLC files this Amended Statement of Authority.

The name of the limited liability company is SOUTH FLORIDA COMMUNITY CARE NETWORK, LLC.

The street and mailing addresses of the limited liability company is 1643 Harrison Parkway, Building H, Suite 200, Sunrise, Florida 33323.

The members of the limited liability company are the North Broward Hospital District and the South Broward Hospital District.

No member may take any action on behalf of or in the name of the limited liability company except as provided for the Interlocal Cooperation Agreement (the "ICA") dated March 26, 2014, as amended by the First Amendment to the ICA which is dated MAY 15, 2014. A copy of the amendment is attached hereto. Please note Section 3.2 regarding "Major Decisions."

The Manager of the limited liability company may take any action on behalf of or in the name of the limited liability company except as provided in the ICA dated March 26, 2014, as amended by the in the First Amendment to the ICA which is dated MAY 15, 2014. Please note Section 3.2 regarding "Major Decisions."

This Amended Statement of Authority is effective 29 APR
MAY 15, 2014.

NORTH BROWARD HOSPITAL DISTRICT

By: Frank P. Nask
Frank P. Nask
President and Chief Executive Officer

Date: 5/15/14

SOUTH BROWARD HOSPITAL DISTRICT

By: Frank V. Sacco
Frank V. Sacco
President and Chief Executive Officer

Date: 5/15/14

95-13-118 02 APR 14
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

INSTR # 112302758
OR BK 50797 Pages 190 - 193
RECORDED 05/21/14 02:54:31 PM
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FIRST AMENDMENT TO THE
INTERLOCAL COOPERATION AGREEMENT BETWEEN
THE NORTH BROWARD HOSPITAL DISTRICT AND
THE SOUTH BROWARD HOSPITAL DISTRICT

This FIRST AMENDMENT TO THE INTERLOCAL COOPERATION AGREEMENT (the "Agreement") between the NORTH BROWARD HOSPITAL DISTRICT and the SOUTH BROWARD HOSPITAL DISTRICT (the "Parties"), is made as of the 15th day of MAY, 2014 (the "Effective Date").

WITNESSETH:

In consideration of the mutual promises made by the Parties to each other, as well as other valuable consideration, the sufficiency of which is acknowledged by the parties, the provisions of Paragraph 3.2 of Article 3 of the Agreement are amended as follows:

ARTICLE 3
MANAGEMENT OF THE NETWORK AND OTHER ENTITIES

3.2 Major Decisions. No act shall be taken, sum expended, decision made or obligation incurred by the Network or any other entity established by the Parties pursuant to this Agreement, or any Party with respect to a matter affecting the Network or any other entity established by the Parties pursuant to this Agreement within the scope of any of the major decisions enumerated below ("Major Decisions"), unless and until the same has been unanimously approved in writing or by resolution of the Parties. The Major Decisions shall include:

- (a) entering into agreements with Payors;

(4)

(b) entering into contracts with vendors obligating the Network or any other entity established by the Parties pursuant to this Agreement, or otherwise incurring expenditures in excess of Two Hundred and Fifty Thousand Dollars (\$250,000.00) relating to the Network or any other entity established by the Parties pursuant to this Agreement; provided, however, that this provision shall not apply to provider contracts;

(c) the acquisition, creation or divestiture of health care entities;

(d) the admission of additional parties in the Network or any other entity established by the Parties pursuant to this Agreement;

(e) approving all budgets of the Network or any other entity established by the Parties pursuant to this Agreement;

(f) entering into and approving the terms of any agreements with any Party or affiliates of any Party relating to the Network or any other entity established by the Parties pursuant to this Agreement;

(g) acquiring any land or other real property or interest therein, including any leasehold interest relating to the Network or any other entity established by the Parties pursuant to this Agreement;

(h) selecting or changing the independent certified public accountant providing services to the Network or any other entity established by the Parties pursuant to this Agreement; and

(i) creating additional subsidiaries.

All other provisions of the Agreement shall remain in full force and effect.

In Witness Whereof, the Parties have executed this First Amendment to the Interlocal Cooperation Agreement effective as of 15 day of May, 2014.

NORTH BROWARD HOSPITAL DISTRICT

By: Frank P. Nask
Frank P. Nask
President and Chief Executive Officer

Date: 5/15/14

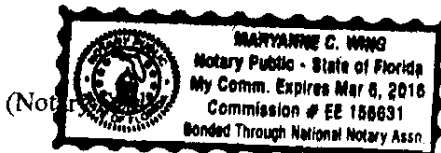
Approved as to Legal Form and Sufficiency:

By: [Signature]
General Counsel
North Broward Hospital District

Date: May 16, 2014

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to and subscribed before me this 15 day of May, 2014,
by Frank P. Nask.



Maryanne C. Wing
Notary Public
Name of Notary Typed, Printed or Stamped

Personally Known X or Produced Identification _____
Type of Identification Produced _____

SOUTH BROWARD HOSPITAL DISTRICT

By: *Frank V. Sacco*
Frank V. Sacco
President and Chief Executive Officer

Date: 5/15/14

Approved as to Legal Form and Sufficiency:

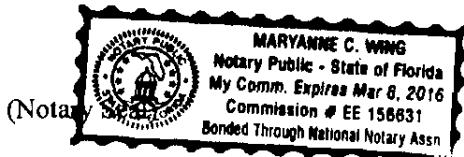
By: *Kenneth D. [Signature]*
General Counsel
South Broward Hospital District

Date: 5/20/14

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to and subscribed before me this 15 day of May
by Frank V. Sacco.

FILED
14 JUN 18 PM 2:14
CLERK OF STATE
TALLAHASSEE, FLORIDA



Maryanne C. Wing
Notary Public
Name of Notary Typed, Printed or Stamped

Personally Known X or Produced Identification _____
Type of Identification Produced _____