

L15000211850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

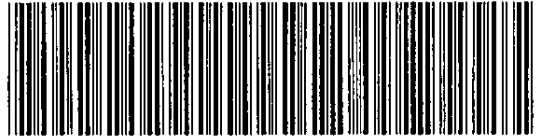
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
16 MAY 20 PM 3:50

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SUFFICIENCY OF FILING

MAY 20 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alegro Health Solutions, LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Wyatt Hendricks

Name of Person

Alegro MSO, Inc.

Firm/Company

1357 Tom Still Rd.

Address

Tallahassee, FL 32305

City/State and Zip Code

whendricks@galegrohlc.com

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

For further information concerning this matter, please call:

Wyatt Hendricks

Name of Person

at ( 850 )

Area Code

251-5688

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

**Important Notice:** Pursuant to s. 605.0212 (11), F.S., as a condition of an interest exchange between a limited liability company and another entity under s. 605.1031, the limited liability company and each other entity that is a party to the interest exchange which exists under the laws of this state, and each party to the interest exchange which exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of interest exchange are submitted to the department for filing.

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ARTICLES OF INTEREST EXCHANGE

Pursuant to section 605.1035, Florida Statutes, I hereby submit the following Articles of Interest Exchange:

FIRST: The name of the acquired limited liability company is: Alegro Health Solutions, LLC.

The document number of the acquired entity is: L15000211850

SECOND: The name of the acquiring entity is: Alegro MSO, Inc.

The jurisdiction of formation of the acquiring entity is: State of Florida

If applicable, the document number of the acquiring entity is: P16000026760

The acquiring entity is a: corporation  
(entity type: corp, llc, lp etc.)

THIRD: The plan of interest exchange was approved by the acquired limited liability entity in accordance with the provisions of ss. 605.1031-605.1036 and by each member of such limited liability company who, as a result of the interest exchange, will have interest holder liability under s. 605.1033(1)(b) and whose approval is required.

FOURTH: The amendments, if any, to the acquired limited liability company's public organic record approved as part of the plan of interest exchange are attached.

(Check One)

- FIFTH: ☐ The plan of interest exchange was approved by each acquiring entity that is a party to the interest exchange in accordance with the organic laws in its jurisdiction of formation, or  
☒ The plan of interest exchange approval was not required

SIXTH: The acquiring entity has agreed to pay to any members of the acquired entity with appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072.

SEVENTH: The effective date of the interest exchange, if the effective date of the interest exchange is not the same as the date of filing of the articles of interest exchange, subject to the limitations in s. 605.0207 is

May 20th, 2016

(Effective date cannot be prior to the date of filing or more than 90 days after the date of filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
Signature of Authorized person-Acquired LLC

Jonathan Hu

Typed or printed name of signature

  
Signature of Authorized person- Acquiring Entity

Wyatt Hendricks

Typed or printed name of signature

Filing Fee: **\$25.00**  
Certified copy: **\$30.00 (optional)**

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FALL AID  
STATE

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

Alegro 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 12/22/2015 and assigned  
Florida document number L15000211850.

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 contain 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)**

600 1st Avenue N, Suite: 303

St. Petersburg, FL 32305

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

600 1st Avenue N, Suite: 303

St. Petersburg, FL 32305

**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:

Wyatt Hendricks

New Registered Office Address:

1357 Tom Still Rd.

*Enter Florida street address*

Tallahassee

*City*

Florida 32305

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan HU	2424 Pinehust Lane	<input type="checkbox"/> Add
		Fleming Island, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Shelly Clark	2702 Beach Trail	<input checked="" type="checkbox"/> Add
		Indian Rocks Beach, FL 33785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wyatt Hendricks	1357 Tom Still Rd	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32305	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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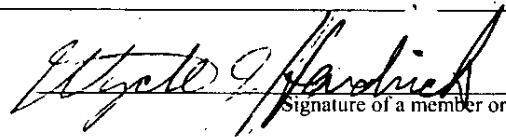
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FALLS CHURCH, VA  
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E. Effective date, if other than the date of filing: 5/20/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Wyatt Hendricks

Typed or printed name of signee