

120000102442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

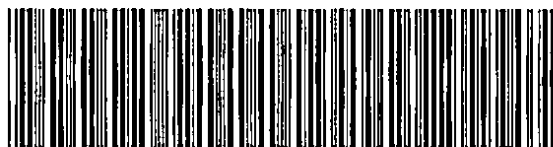
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12-03-21

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2021 NOV 16 AM 5:05
LAHASSI E. FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crossroads Health Network, I.L.C.

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:

Gabriel Raul Suarez

Name of Person

Covalent Health

Firm/Company

5000 SW 75th avenue

Address

Miami, FL 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

Gabriel Suarez

786 2000396
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

<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"/> Change
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6. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

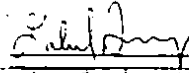
7. Effective date, if other than the date of filing: _____ (optional)

(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 605.02(7)(1)(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 word is filed.

Dated November 12



Signature of a member or authorized representative of a member

Gabriel Raul Suarez

Typed or printed name of signer

Filing Fee: \$15.00

RECEIVED
TALAMON & ASSOCIATES
10/16/2021

2021 NOV 16 AM 9:06



COVALENT
HEALTH

Name: Dr. Gabriel Suarez

Address: 13132 SW 5 Street Miami , Fl 33184

Phone number: 786-200-0396

Hours of operation: 8am-5pm EST