

MO1 000002205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

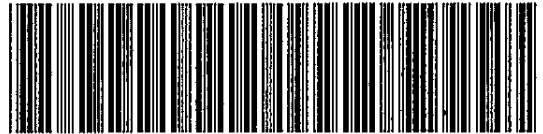
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FILED
2006 MAR 30 AM 11:14
CLERK OF SUPERIOR COURT
JANUARY 30, 2006

MO1-2205-
ae

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Computerized Health Care Management Services, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Sanders

(Name of Person)

NurseCore Management Services, LLC

(Firm/Company)

2201 Brookhollow Plaza Dr., Suite 450

(Address)

Arlington, Texas 76006

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Sanders

(Name of Person)

at (817) 649-1166

(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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

RECEIVED
TALLAHASSEE, FL
JAN 11 2006
11:11 AM

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

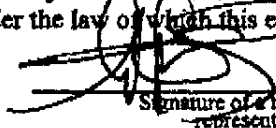
1. Name of limited liability company as it appears on the records of the Florida Department of State: Computerized Health Care Management Services, LLC
2. Jurisdiction of its organization: Texas
3. Date authorized to do business in Florida: 9/28/01

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 1/10/06
5. New name of the limited liability company: NurseCore Management Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Christina Sanders, COO

Typed or printed name of signee

Filing Fee: \$25.00

2006 JUN 30 11:11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

**CERTIFICATE OF AMENDMENT
OF**

**NurseCore Management Services, LLC
701798122**

[formerly: COMPUTERIZED HEALTH CARE MANAGEMENT SERVICES, L.L.C.]

The undersigned, as Secretary of State of Texas, hereby certifies that the attached Articles of Amendment for the above named entity have been received in this office and have been found to conform to law.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Amendment.

Dated: 01/09/2006
Effective: 01/09/2006



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams
Secretary of State