

M0300000 4177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

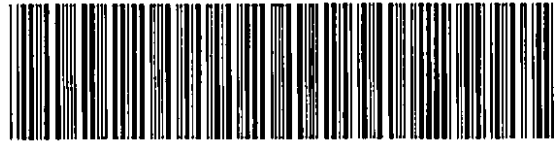
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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REGISTRARS  
18 DEC 21 PM 12:26

*Name Change*

JAN 03 2019

D CUSHING

# FOULSTON SIEFKIN LLP

1551 N. Waterfront Parkway, Suite 100  
Wichita, Kansas 67206-4466  
316.267.6371  
Fax 316.267.6345

ATTORNEYS AT LAW

32 Corporate Woods, Suite 600  
9225 Indian Creek Parkway  
Overland Park, Kansas 66210-2000  
913.498.2100  
Fax 913.498.2101  
[www.foulston.com](http://www.foulston.com)

MEMBER OF LEX MUNDI, THE WORLD'S LEADING ASSOCIATION OF INDEPENDENT LAW FIRMS

Bank of America Tower, Suite 1400  
534 South Kansas Avenue  
Topeka, Kansas 66603-3436  
785.233.3600  
Fax 785.233.1610

Teresa Friend, CP, Paralegal  
913.253.2189  
[TFriend@foulston.com](mailto:TFriend@foulston.com)

December 20, 2018

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Via FedEx*  
*Tracking No: 7740 3530 9685*

Re: Application by Foreign Limited Liability Company to File Amendment to  
Certificate of Authority to Transact Business in Florida (the "Name Change")

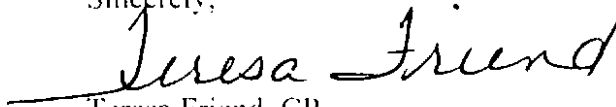
Dear Sir or Madam:

Please file the enclosed Name Change to change the name of Nueterra Healthcare Management, LLC to NueHealth Management Services, LLC. Also enclosed are our firm check number 298404 in the amount of \$25.00 in payment of your fee and the certificate of good standing from Delaware, the state in which the entity is domiciled. Please return a filed copy of the Name Change to:

Foulston Siefkin LLP  
Attn: Teresa Friend  
32 Corporate Woods, Suite 600  
9225 Indian Creek Parkway  
Overland Park, Kansas 66210-2000

If you require further information concerning this matter, please contact me by phone at 913-253-2189 or by email at [tfriend@foulston.com](mailto:tfriend@foulston.com). Thank you for your assistance with this matter.

Sincerely,



Teresa Friend, CP  
Paralegal

TEF  
Enclosures as stated.  
c: Alex Knudson

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nueterra Healthcare Management, 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:

Teresa Friend

Name of Person

Foulston Siefkin LLP

Firm/Company

9225 Indian Creek Parkway, Ste. 600

Address

Overland Park, KS 66210

City/State and Zip Code

tfriend@foulston.com

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

For further information concerning this matter, please call:

Teresa Friend

Name of Person

at ( 913 ) 253-2189

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

FILED  
TALLAHASSEE, FLORIDA  
19 OCT 21 PM 12:29

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Nueterra Healthcare Management, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M03000004177

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/15/2003

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: NueHealth Management Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

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 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

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

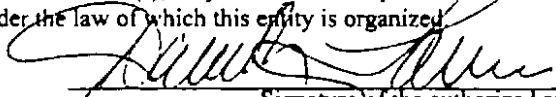
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

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

9. Attached is a certificate, if required: 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 the authorized representative

NueHealth Performance, LLC, Member, by Daniel R. Tasset, Chairman

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "NUEHEALTH MANAGEMENT SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION", FILED THE TWELFTH DAY OF NOVEMBER, A.D. 2003, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE FIFTEENTH DAY OF NOVEMBER, A.D. 2003.

CERTIFICATE OF FORMATION, FILED THE TWELFTH DAY OF NOVEMBER, A.D. 2003, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE FIFTEENTH DAY OF NOVEMBER, A.D. 2003.

CERTIFICATE OF MERGER, FILED THE THIRTIETH DAY OF OCTOBER, A.D. 2008, AT 10:17 O'CLOCK A.M.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3727175 8310

SR# 20188143360

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204099622

Date: 12-14-18

# Delaware

The First State

Page 2

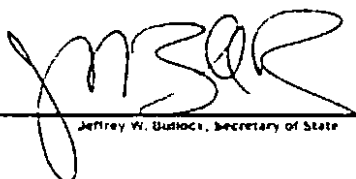
CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NUE TERRA  
HEALTHCARE MANAGEMENT, LLC" TO "NUEHEALTH MANAGEMENT SERVICES,  
LLC", FILED THE TWENTY-THIRD DAY OF JANUARY, A.D. 2018, AT 2:03  
O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID  
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE  
AFORESAID LIMITED LIABILITY COMPANY, "NUEHEALTH MANAGEMENT  
SERVICES, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUEHEALTH  
MANAGEMENT SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF  
NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE  
BEEN PAID TO DATE.



  
Jeffrey W. Hudock, Secretary of State

3727175 8310

SR# 20188143360

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204099622

Date: 12-14-18