

MD9000002970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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2022 FEB 22 AM 9:05

2022 FEB 22 AM 10:57

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 02/22/2022

Acc#I20160000072

*en: c DW*

Name:	GENOA HEALTHCARE LLC
Document #:	
Order #:	14170632

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Genoa Healthcare 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:

Christine Feldman

Name of Person

Genoa Healthcare LLC

Firm/Company

9900 Bren Road East, AZ990-1000

Address

Minnetonka, MN 55343

City/State and Zip Code

christine.c.feldman@uhg.com

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

For further information concerning this matter, please call:

Christine Feldman

at ( 925 ) 519-8819

Name of Person

Area Code & Daytime Telephone Number

**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

**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

CR2E055 (9/15)

**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: Genoa Healthcare 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: M09000002970

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 07/31/2009

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

5. New name of the limited liability company: \_\_\_\_\_  
(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>
CFO	Voss, Andrew	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Manager	Mullin, Thomas [NMN]	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
COO	Guptail, William Robert	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Manager	Stidman, Christopher Joseph	707 South Grady Way, Suite 700	<input checked="" type="checkbox"/> Add
		Renton, WA 98057	<input type="checkbox"/> Remove
Director	Zuern, Makenzie	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" 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.

  
Timothy J. Langdon (Feb 21, 2022 11:37 CST)

Signature of the authorized representative

Timothy Joseph Langdon

Typed or printed name of signee

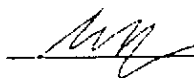
Filing Fee: \$25.00

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>
VP, Tax	Kelly, John William	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Assistant	Runice, Paul Timothy	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Assistant	McGlinch, Thomas Shaun	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Assistant	Hines, Kristen Colleen	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Assistant	Langdon, Timothy Joseph	707 South Grady Way, Suite 700	<input checked="" type="checkbox"/> Add
		Renton, WA 98057	<input type="checkbox"/> Remove

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Signature of the authorized representative

Timothy Joseph Langdon

Typed or printed name of signee

Filing Fee: \$25.00

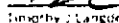
A 5

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>
Secretary	Peterson, Karen Elizabeth	707 South Grady Way, Suite 700	<input type="checkbox"/> Add
		Renton, WA 98057	<input checked="" type="checkbox"/> Remove
Secretary	Bohm, Karen Elizabeth	707 South Grady Way, Suite 700	<input checked="" type="checkbox"/> Add
		Renton, WA 98057	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Timothy J. Langdon (Feb 21, 2022 11:37 CST)

Signature of the authorized representative

Timothy Joseph Langdon

Typed or printed name of signee

Filing Fee: \$25.00

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