

M10000003884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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SEP 16 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Accountable Care 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:

Vikram Saini

Name of Person

Health Care Services of Florida, LLC

Firm/Company

483 N. Semoran Blvd. Suite 205

Address

Winter Park, FL 32792

City/State and Zip Code

vsaini@flhcs.com

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

For further information concerning this matter, please call:

Vik Saini

Name of Person

at (352) 219-5658

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

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STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

**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: Florida Accountable Care Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M10000003884

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/30/2010

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Please See Below

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGRM</u>	<u>Ivan Reyes</u>	<u>483 N. Semoran Blvd., Suite 205</u>	<input type="checkbox"/> Add
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		<u>Winter Park, FL 32792</u>	<input checked="" type="checkbox"/> Remove
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<u>AMBR</u>	<u>Healthcare Services of Florida, LLC</u>	<u>483 N. Semoran Blvd., Suite 205</u>	<input checked="" type="checkbox"/> Add
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		<u>Winter Park, FL 32792</u>	<input type="checkbox"/> Remove
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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

☐ Add
☐ Remove

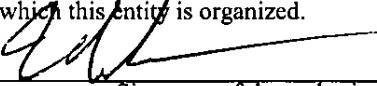
☐ Add

☐ Remove

☐ Add

☐ 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

Vikram Saini

Typed or printed name of signee

Filing Fee: \$25.00