

M110000003591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

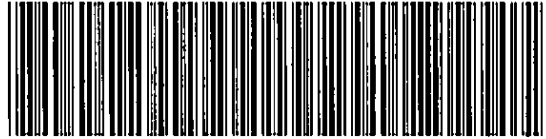
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/31/20--01023--008 **25.00

FILED
2020 AUG 31 PM 4:06
CLERK OF COURT
BALTIMORE, MARYLAND

August 21, 2020

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Board of Directors Membership Change

To Whom It May Concern:

Please be advised that Navitus Health Solutions, LLC has had a change in membership with its Officers and Board of Directors. Kris Zimmer has been removed as Chair and director, and replaced with Laura Kaiser.

Effective July 27, 2020, the Officers and Directors of Navitus Health Solutions, LLC are as follows:

a. Officers

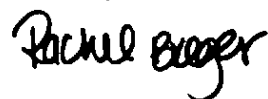
- i. David Fields, President
- ii. Peter Beste, CFO
- iii. Paul Page, Corporate Secretary
- iv. Brent Eberle, Chief Pharmacy Officer
- v. Laura Kaiser, Chair
- vi. Victor Curtis, Vice Chair

b. Directors

- i. Laura Kaiser, Director
- ii. Victor Curtis, Director
- iii. Carter Dredge, Director
- iv. David Fields, Director
- v. Dr. Mark Kaufman, Director
- vi. Dr. Kavita Patel, Director
- vii. Richard Stephens, Director

If you have any questions or concerns related to these changes, please feel free to contact me at Rachel.Breger@Navitus.com or at 608-729-1646.

Sincerely,



Rachel Breger
Staff Attorney

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Navitus Health Solutions, 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:

Rachel Breger
Name of Person

Navitus Health Solutions, LLC
Firm/Company

361 Integrity Drive
Address

Madison, WI 53717
City/State and Zip Code

Rachel.Breger@navitus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Breger at (608) 729-1646
Name of Person 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

**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: Navitus Health Solutions, 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: M11000003591

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: 7/15/2011

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)(c), indicate that change:

Board Chair Kris Zimmer retiring and being replaced with Laura Kaiser

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mr.</u>	<u>Kris Zimmer</u>	<u>361 Integrity Drive</u>	<input type="checkbox"/> Add
		<u>Madison, WI 53717</u>	<input checked="" type="checkbox"/> Remove
<u>Ms.</u>	<u>Laura Kaiser</u>	<u>361 Integrity Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Madison, WI 53717</u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<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.

Danille Breges
Signature of the authorized representative

Rachel Breges
Typed or printed name of signee

Filing Fee: \$25.00