

Division of Corporations

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**M11000006306**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAC00000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PARALLON CREDENTIALING SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 JUN 18 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 19 PM 3:41

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Electronic Filing Menu

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Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Parallon Credentialing 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:

Ceci Estill  
Name of Person

Parallon Credentialing Solutions, LLC  
Firm/Company

One Park Plaza  
Address

Nashville, TN 37203  
City/State and Zip Code

shirley.scharf@bcahealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill at (615) 344-2994  
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

CR2B035 (12/13)

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16 JUN 19 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
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: Parallon Credentialing Solutions, LLC
2. Jurisdiction of its organization: Tennessee
3. Date authorized to do business in Florida: 12/16/2011

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

4. New name of the limited liability company: Parallon Technology Solutions, 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.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_  
\_\_\_\_\_
7. Attached is an original 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

Natalie H. Cline

Typed or printed name of signer

Filing Fee: \$25.00

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**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
SUITE B  
992 DAVIDSON DRIVE  
NASHVILLE, TN 37205

June 6, 2014

**Control # 869563**  
**Receipt # : 1529331**  
**Filing Fee: \$20.00**

**Effective Date: 04/23/2014**

### **CERTIFICATE OF NAME CHANGE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **Parallon Credentialing Solutions, LLC** were filed in this office on the effective date noted above, changing the name to **Parallon Technology Solutions, LLC**.

Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick

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