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(Business Entity Name)

(Document Number)

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ALLAN, RICHARD
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CareSouth Physician 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:

Kelly C Tripp
Name of Person

CareSouth
Firm/Company

Po Box 200
Address

Augusta GA 30903-0200
City/State and Zip Code

ktripp@caresouth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly C Tripp at (706) 854-7428
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 (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CareSouth Physician Services, LLC
2. Jurisdiction of its organization: Georgia
3. Date authorized to do business in Florida: 07/18/12

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

4. New name of the limited liability company: Physician Next Door, 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

Kelly C. Tripp, Auth Rep.

Typed or printed name of signee

Filing Fee: \$25.00

14 JUL 26 11 31 17
FALLING SPRING
FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 12050859
DATE INC/AUTH/FILED : June 18, 2012
JURISDICTION : Georgia
PRINT DATE : 06/25/2014

Kelly C Tripp
PO Box 200
Augusta, GA 30903-0200

CERTIFIED COPY

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents maintained by the Corporations Division of the Office of the Secretary of State of Georgia under the name of

PHYSICIAN NEXT DOOR, LLC
A Domestic Limited Liability Company

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the 18th day of June, 2012 its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia. This Certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

WITNESS my hand and official seal in the City of Atlanta and the
State of Georgia on 06/25/2014



B. P. Kemp

Brian P. Kemp
Secretary of State

14 JUN 26 PM 3:17
ATLANTA, GEORGIA

Tracking #: rtgC2qXX

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF NAME CHANGE

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

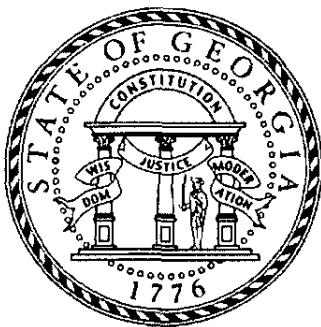
CARESOUTH PHYSICIAN SERVICES, LLC

Name Changed To

PHYSICIAN NEXT DOOR, LLC

is hereby issued a CERTIFICATE OF NAME CHANGE under the laws of the State of Georgia on April 24, 2014 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on May 28, 2014



B. P. Kemp

Brian P. Kemp
Secretary of State

FILED
14 JUN 26 PM 3:17
OFFICE OF THE SECRETARY OF STATE
ATLANTA, GEORGIA