

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

3. 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
PHARMASTAR LLC

Certificate of Status	0
Certified Copy	1
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2020 NOV -2 PM 4:50

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Corporate Filing Menu

Help

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: PharmaStar 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: M12000005712

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: 10/11/2012

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

5. New name of the limited liability company: TRHC TPA, LLC
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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:

Thereby 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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter Farrow		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
CFO	Robert Wayne Tanner		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
COO	Luke Allen Johnson		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Chief Medical Officer	Michele Lee Bauer		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	See attached		<input type="checkbox"/> Add
			<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.


Signature of the authorized representative

Brian W. Adams

Typed or printed name of signee

Filing Fee: \$25.00

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
MGR	Calvin H. Knowlton	2503 N Hillcrest Pkwy Altoona, WI 54720	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
MGR	Orsula V. Knowlton	2503 N Hillcrest Pkwy Altoona, WI 54720	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
MGR	Brian W Adams	2503 N Hillcrest Pkwy Altoona, WI 54720	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove

DOM
180 181 183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

TRHC TPA, LLC

is a domestic corporation or limited liability company that was organized under the laws of this state and that its date of incorporation or organization is February 15, 2000.

I further certify that the following charter documents have been duly filed with this department, namely: Articles of Organization filed on February 15, 2000 under the name PHARMASTAR LLC; Articles of Amendment filed on October 16, 2020 changing the name to the current name.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on November 2, 2020.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Barbara L DeJongh

BY: Barbara L DeJongh