

MI2000007013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MI2-7013

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Amend

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15 SEP 18 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2015

N. CAUSSEAU

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REGIONAL HEALTH PARTNERS 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:

DR. DEVAIAH PAGIDIPATI

Name of Person

REGIONAL HEALTH PARTNERS LLC

Firm/Company

125 SW 7TH STREET

Address

WILMINGTON  
FLORIDA 32846

City/State and Zip Code

drpagadiar@gmail.com

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

For further information concerning this matter, please call:

Dr. Pagadiar

Name of Person

at (352) 528 2801

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2015

DEVAIAH PAGIDIPATI, MD  
REGIONAL HEALTH PARTNERS LLC  
125 SW 7TH STREET  
WILLISTON, FL 32696

SUBJECT: REGIONAL HEALTH PARTNERS, LLC  
Ref. Number: M12000007013

We have received your document for REGIONAL HEALTH PARTNERS, LLC and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

We are enclosing the proper form(s) with instructions for your convenience.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 615A00018440

# 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: REGIONAL HEALTH PARTNERS, LLC

Enter new principal office address, if applicable:

125 SW 7th Street

(Principal office address)

MUST BE A STREET ADDRESS

Williston FL 32696

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:

M12000007013

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

12/17/2012

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

5. New name of the limited liability company:

RHE

(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:

GANESH KUGARAJ

New Registered Office Address:

125 SW 7th Street

Enter Florida Street Address

WILLSTON

Florida

32696

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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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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>TARIQ MOHAMMAD J</u>	<u>1850 LATE RINT DRIVE</u>	<input type="checkbox"/> Add
		<u>STE 100,</u>	
		<u>LEWISVILLE TX 75075</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>KHAN, JAMIL ABIZ</u>	<u>6600 MYRTLE BEACH DRIVE</u>	<input type="checkbox"/> Add
		<u>PLANO, TX 75093</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

DR. DEVAIAN PAGIDIPATI

Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA