

m1300004464

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 : CAPITOL SERVICES, INC.
Account Number : 120160000317
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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 DAVITA MEDICAL ACO CALIFORNIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



January 15, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DAVITA MEDICAL ACO CALIFORNIA, LLC
19191 SO. VERMONT AVE, STE. 200
TORRANCE, CA 90502

SUBJECT: DAVITA MEDICAL ACC CALIFORNIA, LLC
REF: M13000004464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H19000015756
Letter Number: 419A00001093

**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: DaVita Medical ACO California, LLC

Enter new principal office address, if applicable: 601 Hawaii Street, Attn: JDL/SECGOVFIN

(Principal office address
MUST BE A STREET ADDRESS)

El Segundo, CA 90245

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

601 Hawaii Street, Attn: JDL/SECGOVFIN

El Segundo, CA 90245

2. The Florida document number of this limited liability company is: M13000004464

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 07/16/2013

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

5. New name of the limited liability company: HCP ACO California, 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.")

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

City, Florida 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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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
_____	_____	_____	<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.

Chan-Chou Chuang, M.D.

Typed or printed name of signee

Filing Fee: \$25.00



**Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)**

LLC-2

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at bizfile.sos.ca.gov.

FILED *DT*
Secretary of State
State of California *TAW*

OCT 10 2018

lcc
Above Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

DaVita Medical ACO California, LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

201122810057

3. New LLC Name (If Amending) (See Instructions — List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

HCP ACO California, LLC

4. Management (If Amending) (Select only one box)

The LLC will be managed by:

☐

One Manager

☐

More than One Manager

☐

All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I certify that the information is true and correct and that I am authorized by California law to sign.

[Signature]
Sign here

Chan-Chou Chuang, M.D.

Print your name here



I hereby certify that the foregoing
transcript of 1 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office

JAN 11 2019

Date: _____

Handwritten signature of Alex Padilla in black ink.

ALEX PADILLA, Secretary of State