

M13000005139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

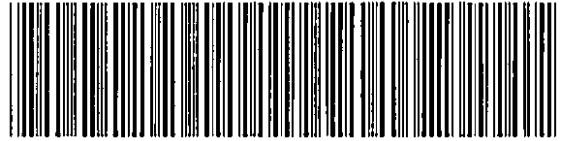
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2019 SEP 26 PM 12:38  
SEP 26 2019

19 SEP 26 PM 4:29

SEP 27 2019

M. SOLOMON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 935550 8266771

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : September 26, 2019

ORDER TIME : 2:21 PM

ORDER NO. : 935550-010

CUSTOMER NO: 8266771

FOREIGN FILINGS

NAME: UNIFIED PHYSICIAN MANAGEMENT,  
LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

# 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: Unified Physician Management, LLC

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M13000005139

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/14/2013

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

5. New name of the limited liability company: Unified Women's Healthcare, 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: N/A

New Registered Office Address: N/A

*Enter Florida Street Address*

Florida

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:

N/A

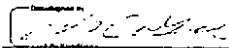
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

<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
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FILED

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

**Robert LaGalia**

Typed or printed name of signee

**Filing Fee: \$25.00**

CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF FORMATION  
OF  
UNIFIED PHYSICIAN MANAGEMENT, LLC  
(In accordance with the provisions of §18-202 of the  
Limited Liability Company Act of the State of Delaware)

Pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, the undersigned, being an authorized officer of Unified Physician Management, LLC, a Delaware limited liability company (the "Company"), hereby certifies the following:

FIRST: The name of the Company is Unified Physician Management, LLC

SECOND: The certificate of formation of the Company be, and hereby is, amended by deleting the article numbered "First" in its entirety and substituting in lieu thereof a new article numbered "First" to read in full as follows:

**First:** The name of the limited liability company is Unified Women's Healthcare, LLC.

\*\*\*\*\*

2018 SEP 26 PM 12:30  
UNIFIED PHYSICIAN MANAGEMENT, LLC  
1

IN WITNESS WHEREOF, the undersigned has duly executed, signed and acknowledged this Certificate of Amendment as of this 26th day of September 2019.

UNIFIED PHYSICIAN MANAGEMENT, LLC

By: Robert LaGalia  
Name: Robert LaGalia  
Title: President and Chief Executive Officer

2019 SEP 26 PM 11:30

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "UNIFIED PHYSICIAN MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "UNIFIED WOMEN'S HEALTHCARE, LLC" ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2019, AT 1:43 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

5376201 8320  
SR# 20197249327

Authentication: 203676392  
Date: 09-26-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)