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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 221955 7667894

AUTHORIZATION :

COST LIMIT : *5,000.00*

ORDER DATE : July 18, 2014

ORDER TIME : 3:48 PM

ORDER NO. : 221955-005

CUSTOMER NO: 7667894

FOREIGN FILINGS

NAME: CAREPOINT HEALTH SOLUTIONS,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

14 JUL 18 AM 9:10

**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: CAREPOINT HEALTH SOLUTIONS, LLC

2. Jurisdiction of its organization: DE

3. Date authorized to do business in Florida: 03/11/2014

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

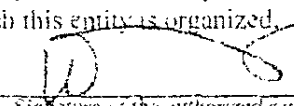
4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(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.")

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)(c), indicate that change: See Schedule A

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

Daniel E. Dosoretz

Typed or printed name of signer

Filing Fee: \$25.00

14 JUL 18 AM 9:10

Schedule A
to Application by Foreign Limited Liability Company to File Amendment to Certificate of
Authority to Transact Business in Florida

Carepoint Health Solutions, LLC

Authorized Person(s) Detail Amended as Follows:

Eric Pezzi, Manager
59 Skyline Dr., Suite 1100
Lake Mary, FL 32746

Jason Rosenberg, Manager
59 Skyline Dr., Suite 1100
Lake Mary, FL 32746

Stacy Wolf, Manager
59 Skyline Dr., Suite 1100
Lake Mary, FL 32746

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