

M14000003152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

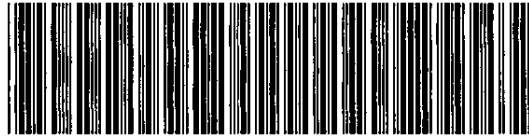
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 14 AM 9:28

Name chg
@ 4.15.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Encounter Telehealth, 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:

Nina Englin

Name of Person

Encounter Telehealth, LLC

Firm/Company

2323 S 171st Street, Suite 202

Address

Omaha, NE 68130

City/State and Zip Code

nina.englin@prairieventures.net

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

For further information concerning this matter, please call:

Nina Englin

Name of Person

at (402) 398-2275

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

March 31, 2015

NINA ENGLIN
PROVIDER SOURCE, LLC
2323 S 171ST STREET - STE. 202
OMAHA, NE 68130

SUBJECT: PROVIDER SOURCE, LLC
Ref. Number: M14000003152

We have received your document for PROVIDER SOURCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00006419

ENCLOSED

*Certificate
of Good
standing
Enclosed
Dated*

2/26/15

RECEIVED
15 MAR 14 AM 11:40
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 14 AM 9:28

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: ProviderSource, LLC

2. The Florida document number of this limited liability company is: M14000003152

3. Jurisdiction of its organization: Nebraska

4. Date authorized to do business in Florida: 04/29/2014

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

5. New name of the limited liability company: Encounter Telehealth, 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

_____, 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

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.

Kathy Morrow
Signature of the authorized representative

Kathy Morrow
Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

ENCOUNTER TELEHEALTH, LLC

a limited liability company duly formed under the laws of this state on August 24, 1999, has paid all applicable fees, taxes and penalties to the Secretary of State; the most recent biennial report required has been filed; the company has not delivered to the Secretary of State a statement of dissolution or termination or been administratively dissolved by the Secretary of State and said limited liability company is in existence as of this date.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

February 26, 2015

John A. Gale
Secretary of State

**AMENDMENT
TO THE
CERTIFICATE OF ORGANIZATION**

Pursuant to the provisions of the Nebraska Uniform Limited Liability Company Act, the undersigned Company, adopts the following Amendment to the Certificate of Organization for the Company:

- FIRST:** The name of the Company is PROVIDERSOURCE, LLC, which is being amended pursuant to this Amendment.
- SECOND:** The Certificate of Organization of the Company was originally filed on August 24, 1999.
- THIRD:** The following amendment to the Certificate of Organization contained in the following resolution was unanimously adopted by members of the Company:

RESOLVED, that Article I of the Company's Certificate of Organization be and it is hereby amended by revoking said Article I in its entirety and substituting the following provisions as a new Article I of the Certificate of Organization:

**ARTICLE 1
NAME**

The name of the Company is Encounter Telehealth, LLC.

- FOURTH:** The foregoing amendment shall become effective as of the filing thereof with the Secretary of State of Nebraska.

EXECUTED by the undersigned on the 14 day of July, 2014.

PROVIDERSOURCE, LLC

By: Kathy Morrow
Name: Kathy Morrow
Title: Secretary

CONSENT TO NAME USE

THIS CONSENT is executed this 22nd day of July, 2014, by ENCOUNTER TELEPSYCHIATRY, LLC, a Nebraska limited liability company ("Company").

Company hereby agrees that PROVIDERSOURCE, LLC, a Nebraska limited liability company, may amend its current name, and adopt and utilize the following name:

ENCOUNTER TELEHEALTH, LLC

IN WITNESS WHEREOF, this Consent is signed as of the date and year first above written.

Company:

ENCOUNTER TELEPSYCHIATRY, LLC

By: 

Name: Kyle Salem

Title: Managing Director