

m 14000004308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

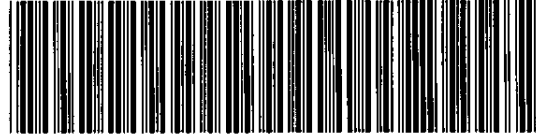
(Business Entity Name)

(Document Number)

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16 OCT 11 PM 4:06

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2016 OCT 11 A 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
OCT 12 2016

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10-11-16

ACCT. I20160000072

Jana Dyer

Name:	US Medical Management, LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

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Examiner	_____
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Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Medical Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla Politte

Name of Person

Centene Corporation

Firm/Company

7700 Forsyth Blvd

Address

Saint Louis MO, 63105

City/State and Zip Code

cpolitte@centene.com

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

For further information concerning this matter, please call:

Carla Politte

at (314)

445-0312

Name of Person

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

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: U.S. Medical Management, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7700 Forsyth Blvd. St. Louis, MO 63105

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

06/18/2014

M14000004308

3. Date of filing/registration in Florida 4. Document number

5. (a) NRAI SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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CLERK OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jeffrey Schwarke
Printed or typed name of signee

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.

By: C T Corporation System
Signature of Registered Agent

Laura Broderick
Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00