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(Requestor's Name) (Address)
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PICK-UP WAIT MAIL
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ACCOUNT NO. : 12000000195

REFERENCE : 388345 7182683

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 21, 2014

ORDER TIME : 12:24 PM

ORDER NO. : 388345-005

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME:

DISTINCTIVE SPECTRUM

HEALTHCARE JOINT VENTURE,

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: Carrie Pugh -- EXT# 62935

EXAMINER:

COVER LETTER

Division of Corporations	
SUBJECT: Distinctive Spectrum Healthcare Joint Ver	nture, LLC
Name of Foreign Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kelly Greaney	
Name of Person	
Firm/Company	·····
265 Brookview Centre Way, Suite 400	
Address	
Knoxville, TN 37919	
City/State and Zip Code	
kelly_greaney@teamheaith.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please	call:
Kelly Greaney 86	5 693-1000
	ea 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 Tallahassec, Florida 32314
<u> </u>	55 Filing Fee & South \$60 Filing Fee, Certified Copy Certified Copy

FILED

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)

 Name of limited liability Company as it appears on the records of the Florida Depar State; <u>Distinctive Spectrum Healthcare Joint Venture</u>, <u>LLC</u> 	tment of
2. Jurisdiction of its organization: Delaware	
3. Date authorized to do business in Florida: 06/17/2014	HE TARY Allasse
SECTION II (4-7 complete only the applicable changes)	OF STA
4. New name of the limited liability company:	;;" or "FLET)
(If name unavailable, enter alternate name adopted for the purpose of transacting busing Florida and attach a copy of the written consent of the managers or managing members the alternate name. The alternate name must contain "Limited Liability Company," "L. or "LLC.") 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction	adopting L.C."
5. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(that change: Delete Manager: Paul Komelji, 3375 Koapaka St., Honolulu Hi 96819.	(e), indicate
Replace with Manager: Deborah Guynn, 9500 Arena Drive, Suite 105, Largo, MD 20774.	
7. Attached is an original certificate, if required: no more than 90 days old, evidencing aforementioned amendment(s), duly authenticated by the official having custody of jurisdiction under the law of which this entity is organized: Senature of the authorized representative John R. Spil	
Typed or printed name of signee	

Filing Fee: \$25.00