

6/8/2017

Division of Corporations

M1420005004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000153921 3)))



H170001539213ABC\$

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2017 JUN -8 PM 12:37

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MISSIONPOINT JACKSONVILLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

17 JUN -8 PM 9:31

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MissionPoint Jacksonville, 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:

Andrea Hardy, Paralegal

Name of Person

Bradley Arant Boulton Cummings

Firm/Company

1600 Division Street, Suite 800

Address

Nashville, TN 37203

City/State and Zip Code

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

For further information concerning this matter, please call:

Andrea Hardy at 615 252-3562  
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      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

# 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: MissionPoint Jacksonville, LLC

Enter new principal office address, if applicable: 101 South Hanley Road, Suite 450

(Principal office address)  
MUST BE A STREET ADDRESS

Clayton, Missouri 63105

Enter new mailing address, if applicable:

(Mailing address)  
MAY BE A POST OFFICE BOX

101 South Hanley Road, Suite 450

Clayton, Missouri 63105

2. The Florida document number of this limited liability company is: M14000005004

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/15/2014

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

5. New name of the limited liability company: Ascension Care Management Health Partners Jacksonville, 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Jason Dinger</u>	<u>523 Mainstream Drive</u>	<input type="checkbox"/> Add
		<u>Nashville, TN 37228</u>	<input checked="" type="checkbox"/> Remove
<u>AS, AT</u>	<u>Michael Gardner</u>	<u>523 Mainstream Drive</u>	<input type="checkbox"/> Add
		<u>Nashville, TN 37228</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Paul Posey</u>	<u>101 South Hanley Road, Suite 450</u>	<input checked="" type="checkbox"/> Add
		<u>Clayton, MO 63105</u>	<input type="checkbox"/> Remove
<u>AS, AT</u>	<u>Sandra Boillot</u>	<u>101 South Hanley Road, Suite 450</u>	<input checked="" type="checkbox"/> Add
		<u>Clayton, MO 63105</u>	<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.

*Paul F. Posey, Jr.*

Signature of the authorized representative

**Paul Posey**

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "MISSIONPOINT  
JACKSONVILLE, LLC", CHANGING ITS NAME FROM "MISSIONPOINT  
JACKSONVILLE, LLC" TO "ASCENSION CARE MANAGEMENT HEALTH  
PARTNERS JACKSONVILLE, LLC", FILED IN THIS OFFICE ON THE FIRST  
DAY OF JUNE, A.D. 2017, AT 4:23 O'CLOCK P.M.



5568120 8100  
SR# 20174497752

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202656407  
Date: 06-06-17

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:23 PM 06/01/2017  
FILED 04:23 PM 06/01/2017  
SR 20174497752 File Number 5668120

**CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
MISSIONPOINT JACKSONVILLE, LLC**

In accordance with the Delaware Limited Liability Company Act, MissionPoint Jacksonville, LLC, a Delaware limited liability company (the "Company"), does hereby certify as follows:

1. This Certificate of Amendment (the "Certificate of Amendment") amends the provisions of the Company's Certificate of Formation originally filed with the Secretary of State on July 14, 2014 (the "Certificate of Formation").

2. The heading of the Certificate of Formation of the limited liability company is amended and restated in its entirety as follows:

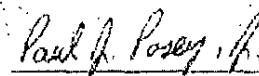
**"CERTIFICATE OF FORMATION  
OF  
ASCENSION CARE MANAGEMENT HEALTH PARTNERS JACKSONVILLE, LLC"**

3. Paragraph 1 of the Certificate of Formation of the limited liability company is amended and restated in its entirety as follows:

"1. The name of the limited liability company is Ascension Care Management Health Partners Jacksonville, LLC."

4. All other provisions of the Certificate of Formation shall remain in full force and effect.

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to be executed by its duly authorized representative this 25<sup>th</sup> day of May, 2017.

  
Paul Posey, President