

MLY GOOW 5503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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647

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1701 Mercy Health Place, Cincinnati, OH 45237 | 513-952-5230 | magraves@mercy.com

January 12, 2017

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
2017 JAN 18 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

The purpose of this **resubmission** amendment application is to alter the name of the registered entity "Executive Revenue Cycle Partners, LLC" to "Ensemble RCM LLC," update office and mailing addresses, update the domicile state, and add additional managers.

I noticed that your website had not been updated with the above request. After calling your office and speaking with Jenna in the corporation division, I was told that our original documentation was rejected because it was missing the conversion paperwork and a Certificate of Good Standing with the State of Ohio, which are to follow, along with our original submission. Your office has already cashed our check of \$25.00 for the filing fee.

With any questions or concerns, please contact Kathryn Brady at kebrady@mercy.com, or by phone at 513-952-4758. The proper mailing address for any return documentation is above.

Sincerely,

A handwritten signature in cursive script that reads "Kathryn E. Brady".

Kathryn E. Brady, Esq.

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2016

MARION A GRAVES
MERCY HEALTH
1701 MERCY HEALTH PLACE
CINCINNATI, OH 45237

SUBJECT: EXECUTIVE REVENUE CYCLE PARTNERS, LLC
Ref. Number: M1400005503

We have received your document for EXECUTIVE REVENUE CYCLE PARTNERS, 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 of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00016447

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Revenue Cycle Partners, 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:

Marion A Graves

Name of Person

Mercy Health

Firm/Company

1701 Mercy Health Place

Address

Cincinnati, OH 45237

City/State and Zip Code

mpmcqueary@mercy.com

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

For further information concerning this matter, please call:

Marion Graves

Name of Person

at (513) 952-5230

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

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TALLAHASSEE, FLORIDA

**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: Executive Revenue Cycle Partners, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

1701 Mercy Health Place

Cincinnati, OH 45237

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1701 Mercy Health Place

Cincinnati, OH 45237

2. The Florida document number of this limited liability company is: M14000005503

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/01/2014

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

5. New name of the limited liability company: Ensemble RCM 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Ohio

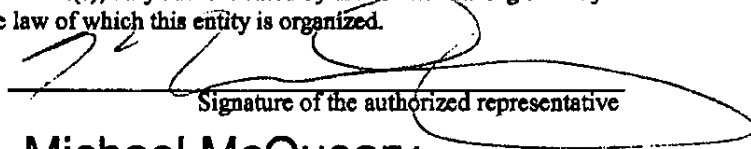
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Additional Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Michael McQueary</u>	<u>1701 Mercy Health Place, Cincinnati, OH 45237</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Manager</u>	<u>Mercy Health</u>	<u>1701 Mercy Health Place, Cincinnati, OH 45237</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.


Signature of the authorized representative

Michael McQueary

Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ENSEMBLE RCM LLC, an Ohio Not For Profit Limited Liability Company, Registration Number 3898664, was organized within the State of Ohio on May 3, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.

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TALLAHASSEE, FLORIDA
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*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 12th day of January, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201701201246