

6/8/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MISSIONPOINT GULF COAST, LLC

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

2017 JUN -8 PM 12:36

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN -8 AM 10:53

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Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUN 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MissionPoint Gulf Coast, 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 Boult Cummings

Firm/Company

1600 Division Street, Suite 700

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 Gulf Coast, 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: M14000006505

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/11/2014

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

5. New name of the limited liability company: Ascension Care Management Health Partners Gulf Coast, 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:

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>
<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

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TALLAHASSEE, FLORIDA

17 JUN - 8 AM 10: 53

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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 GULF COAST, LLC", CHANGING ITS NAME FROM "MISSIONPOINT GULF COAST, LLC" TO "ASCENSION CARE MANAGEMENT HEALTH PARTNERS GULF COAST, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF JUNE, A.D. 2017, AT 4:16 O'CLOCK P.M.



5601160 8100
SR# 20174497744

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202656376
Date: 06-06-17

State of Delaware
Secretary of State
Division of Corporations
Delivered: 04:16 PM 06/01/2017
FILED: 04:16 PM 06/01/2017
SR 20174497744 - File Number 5601100

**CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
MISSIONPOINT GULF COAST, LLC**

In accordance with the Delaware Limited Liability Company Act, MissionPoint Gulf Coast, 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 September 10, 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 GULF COAST, 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 Gulf Coast, 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 25th day of May, 2017.


Paul Posey, President