

M17000003429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

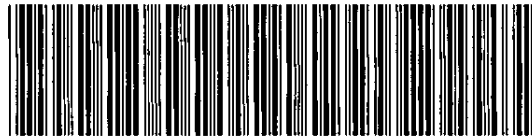
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800300205418

FILED

2017 JUN -9 A 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 JUN -9 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 12 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 675131 7718776

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : June 8, 2017

ORDER TIME : 12:50 PM

ORDER NO. : 675131-005

CUSTOMER NO: 7718776

FOREIGN FILINGS

NAME: CONNECT HEALTH PROFESSIONALS,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

FILED
2017 JUN -9 A 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONNECT HEALTH PROFESSIONALS, 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:

ANN MCNAMARA

Name of Person

HEALTHPRO HERITAGE STAFFING, LLC

Firm/Company

307 INTERNATIONAL CIRCLE, SUITE 100

Address

HUNT VALLEY, MD 21030

City/State and Zip Code

AMCNAMARA@HEALTHPRO-REHAB.COM

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

For further information concerning this matter, please call:

ANN MCNAMARA

Name of Person

at (410) 928-4848

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

FILED
2017 JUN - 9 A 9:58
SECRETARY OF STATE
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: CONNECT HEALTH PROFESSIONALS, LLC

Enter new principal office address, if applicable: 307 International Circle, Suite 100

(Principal office address
MUST BE A STREET ADDRESS) Hunt Valley, MD 21030

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000003429

3. Jurisdiction of its organization: Oklahoma

4. Date authorized to do business in Florida: 04/21/2017

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

5. New name of the limited liability company: HEALTHPRO HERITAGE STAFFING, 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

City, Florida 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

2017 JUN -9 A 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

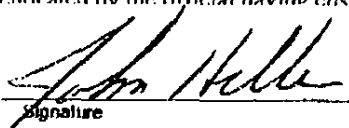
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2017 JUN - 9 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 (


Signature

JOHN HELLER

Typed or printed name of signee

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE



**CERTIFIED COPY OF ONE PARTICULAR
DOCUMENT**

CERTIFICATE

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

**NAME OF ENTITY
HEALTHPRO HERITAGE STAFFING, LLC**

DOCUMENT TYPE
Articles of Amendment

DOCUMENT FILING DATE
May 04, 2017



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 9th, day of June, 2017.

A handwritten signature in cursive script, appearing to read "Dana L. Loper", is written over a horizontal line.

Secretary Of State

05/04/2017 02:36 PM

OKLAHOMA SECRETARY OF STATE



SOS



33519780002

AMENDED
ARTICLES OF ORGANIZATION
 (Oklahoma Limited Liability Company)

DATE

Filing Fee: \$50.00

Oklahoma City, Oklahoma 73103
 (405) 522-2520

I hereby execute the following articles for the purpose of amending the articles of organization of an Oklahoma limited liability company pursuant to the provisions of Title 18, Section 2011:

1. A) Name of the limited liability company:

Connect Health Professionals, LLC

B) AS AMENDED: Name of the limited liability company:

HealthPRO Heritage Staffing, LLC

(Note: The new name shall contain either the words limited liability company or limited company or the abbreviations LLC, LC, L.L.C. or L.C. The word limited may be abbreviated as Ltd. and the word company may be abbreviated as Co.)

2. Date of filing of its original articles of organization: July 15, 2011

3. AS AMENDED: Street address of the principal place of business, wherever located:

Street address	City	State	Zip Code
(P.O. BOXES ARE <u>NOT</u> ACCEPTABLE)			

4. E-MAIL address of the primary contact for the registered business:

❖ Notice of the Annual Certificate will **ONLY** be sent to the limited liability company at its last known electronic mail address of record.

5. AS AMENDED: NAME and street address of the registered agent for service of process in the state of Oklahoma:

❖ The registered agent shall be the limited liability company itself, an individual resident of Oklahoma, or a domestic or qualified foreign corporation, limited liability company, or limited partnership.

Name	Street Address	City	State	Zip Code
(P.O. BOXES ARE <u>NOT</u> ACCEPTABLE)				

RECEIVED

MAY 4 2017

(SOS FORM 0079-07/12)

OKLAHOMA SECRETARY
OF STATE

6. AS AMENDED: Term of existence: _____

❖ You may state perpetual, a set number of years, or a future effective expiration date. Perpetual means continuous.

7. Set forth clearly any and all amendments to the articles of organization:

The amended articles of organization must be signed by a manager of the limited liability company.

• Signature of Manager:  Dated: 4-25-17

• Printed Name: John Heller

OFFICE OF THE SECRETARY OF STATE



**AMENDED CERTIFICATE
OF
LIMITED LIABILITY COMPANY**

WHEREAS, the Amended Articles of Organization of

HEALTHPRO HERITAGE STAFFING, LLC

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
4th day of May, 2017.*

A handwritten signature in cursive script, appearing to read "Dan Lopez", is written over a horizontal line.

Secretary of State