

8/25/22, 1:45 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M19000008322

**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.**

(((H220002881853)))



H2200028818534BC3

**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 : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

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

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

2022 AUG 25 PM 3:27

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 WELLMED TAMPA/ORLANDO MEDICARE ACO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

SECRETARY OF STATE  
 JILL HINSEL, FLORIDA  
 2022 AUG 25 PM 4:38

APPROVED  
 AND  
 FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Aug 26 2022

Brumbley

# 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: WELLMED TAMPA-ORLANDO MEDICARE ACO, LLC

Enter new principal office address, if applicable: 19500 IH-10 West, MS 1-5132

**(Principal office address MUST BE A STREET ADDRESS)**

Attn: President

San Antonio, Texas 78257

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: M19000008322

3. Jurisdiction of its organization: TX

4. Date authorized to do business in Florida: 08/27/2019

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

5. New name of the limited liability company: WellMed Foundation Medicare ACO, 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

2022 AUG 25 PM 4:38  
CREATED BY STATE  
FILED IN FLORIDA

APPROVED  
AND  
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)(e), 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

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.

  
Joseph Zimmerman Aug 22, 2022 11:51:13 AM  
 Signature of the authorized representative

Joseph Anthony Zimmerman  
 Typed or printed name of signer

Filing Fee: \$25.00

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on April 14, 2022, WellMed Tampa/Orlando Medicare ACO, LLC, a Domestic Limited Liability Company (LLC) (file number 803349676), changed its name to WellMed Foundation Medicare ACO, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 24, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott  
Secretary of State