

8/26/2020

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 : (614)280-3338
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
INNOVA CARE CENTRAL FLORIDA PHYSICIANS, LLC

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HONOR ORIGINAL DATE 08-26-2020

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2020-09-01 06:37:31 CST
8/31/2020 7:23:08 AM PAGE 1/001

19542080845 From: Ranae McGraw
Fax Server



August 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INNOVA CARE CENTRAL FLORIDA PHYSICIANS, LLC
173 BRIDGE PLAZA N
FT LEE, NJ 07024

SUBJECT: INNOVA CARE CENTRAL FLORIDA PHYSICIANS, LLC
REF: M20000003623

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of the person that is being added or removed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H20000296979
Letter Number: 320A00016586

HONOR ORIGINAL DATE 08-26-2020

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: InnovaCare Central Florida Physicians, LLC

Enter new principal office address, if applicable: 44 S. Broadway, 1st Floor

(Principal office address
MUST BE A STREET ADDRESS)

White Plains, NY 10601

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

44 S. Broadway, 1st Floor

White Plains, NY 10601

2. The Florida document number of this limited liability company is: M20000003623

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/10/2020

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

5. New name of the limited liability company: _____
(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 695, 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.

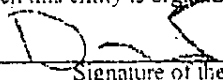
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mem</u>	<u>InnovaCare Physicians, LLC</u>	<u>173 Bridge Plaza North</u>	<input type="checkbox"/> Add
		<u>Fort Lee, NJ 07024</u>	<input checked="" type="checkbox"/> Remove
<u>Mem</u>	<u>ICH Flow-Through, LLC</u>	<u>44 S. Broadway, 1st Floor</u>	<input checked="" type="checkbox"/> Add
		<u>White Plains, NY 10601</u>	<input type="checkbox"/> Remove
<u>P and S</u>	<u>Richard Shinto</u>	<u>173 Bridge Plaza North</u>	<input type="checkbox"/> Add
	<u>Douglas Malton</u>	<u>Fort Lee, NJ 07024</u>	<input checked="" type="checkbox"/> Remove
<u>S</u>	<u>Douglas Malton</u>	<u>44 S. Broadway, 1st Floor</u>	<input checked="" type="checkbox"/> Add
		<u>White Plains, NY 10601</u>	<input type="checkbox"/> Remove
<u>P</u>	<u>Richard Shinto</u>	<u>44 S. Broadway, 1st Floor</u>	<input checked="" type="checkbox"/> Add
		<u>White Plains, NY 10601</u>	<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.



Signature of the authorized representative

Douglas Malton

Typed or printed name of signee

Filing Fee: \$25.00