

To: 18506176383

8/2/2021

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2021-08-02 15:43:17 CST

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From: Ranae McGraw

M210000003566

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 : (514)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 FAMILY CARE PARTNERS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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Corporate Filing Menu

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2021 AUG -3 AM 9:31

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG -3 AM 8:32

STATE OF FLORIDA
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141

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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: Family Care Partners Holdings, LLC

Enter new principal office address, if applicable: 4565 US Hwy 17, Suite 106,
Fleming Island, FL 32003
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 14 S Broadway Ste 100
White Plains NY 10601-4463
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000003566

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/26/2021

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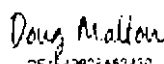
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Innovacare Central Florida Physicians LLC	C/O INNOVACARE HEALTH LP 44 S BROADWAY FIRST FLOOR WHITE PLAINS, NY 10601	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Chief Accounting Officer	Michael Sortino	44 S Broadway Ste 100 White Plains NY 10601-4463	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
General Counsel & Secretary	Leslie Prizant Leslie Prizant	44 S Broadway Ste 100 White Plains NY 10601-4463	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Secretary	Douglas Malton	44 S Broadway Ste 100 White Plains NY 10601-4463	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Vice President & CFO	Douglas Malton	44 S Broadway Ste 100 White Plains NY 10601-4463	<input checked="" type="checkbox"/> Add

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 _____ is organized.

DocuSign by



Signature of the authorized representative

Douglas Malton, Vice President & CFO

Typed or printed name of signee

Filing Fee: \$25.00

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ALBANY, NEW YORK