4/7/2021 Division of Corporations

M21000003429

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

2021 APR -8 PM 4:50
FILED

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

Email Address: _____

2021 APR -8 AM 9:25

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMILY FIRST MEDICAL PHYSICIANS, LLC

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

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4/8/21

DocuSign Envelope ID: 45292EC2-8208-495D-949A-8E5C9F179D8E

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 FIRST MEDICAL PHYSICIANS, LLC

Enter new principal office address, if applicable: ______

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: ______
(Mailing address MAY BE A POST OFFICE BOX)

2021 APR -8 PM 4:40

2. The Florida document number of this limited liability company is: M21000003929

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/06/2021

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)(e), indicate that change:

Name of Member

Title/ Capacity	Name	Address	Type of Action
Member	InnovaCare Central Florida Physicians, LLC	44 S Broadway Ste 100	☐Add
		White Plains, NY 10601-4425	☒Remove
Member	Trinity Medical Acquisition, LLC	44 S Broadway Ste 100	☒Add
		White Plains, NY 10601-4425	☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

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SECRETARY OF STATE

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 l[aws of which the e]ntity is organized.

DocuSigned by:
Leslie Prizant
3A2494E0C4EF4AA
Signature of the authorized representative

Leslie Prizant, General Counsel & Secretary
Typed or printed name of signee

Filing Fee: $25.00