M22000006077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

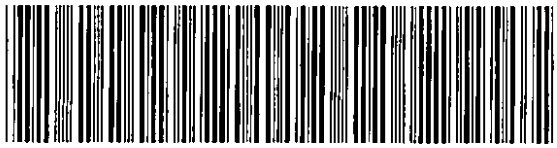
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 NOV -8 PM 12:40
DIVISION OF CORPORATIONS

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Telehealth Medical Services P.L.L.C.
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:

Clifford Esher
Name of Person

Polsinelli PC
Firm/Company

One International Place, Suite 3900
Address

Boston, MA 02110
City/State and Zip Code

cesher@polsinelli.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Clifford Esher at (617) 406-0338
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CR2E055 (9/15)

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: Telehealth Medical Services P.L.L.C.

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) _____

_____

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2. The Florida document number of this limited liability company is: M22000006077

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: April 19, 2022

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

5. New name of the limited liability company: Movn Health Medical Group P.L.L.C.
(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

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:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐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 Dearie
Signature of the authorized representative

Joseph C. Dearie M.D.
Typed or printed name of signee

Filing Fee: $25.00

File Number 0873409-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

2023 NOV -8 PM 1:10

DIVISION OF CORPORATIONS

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MOVN PLLC HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 09, 2020. THE LIMITED LIABILITY COMPANY FILED ARTICLES OF AMENDMENT CHANGING THE NAME TO TELEHEALTH MEDICAL SERVICES P.L.L.C. ON NOVEMBER 04, 2020. THE LIMITED LIABILITY COMPANY FILED ARTICLES OF AMENDMENT AGAIN CHANGING THE NAME TO MOVN HEALTH MEDICAL GROUP P.L.L.C. ON NOVEMBER 07, 2023. THE LIMITED LIABILITY COMPANY APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 7TH *day of* NOVEMBER *A.D.* 2023 .

Authentication #: 2331102865 verifiable until 11/07/2024.
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias

SECRETARY OF STATE