

M23000014093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

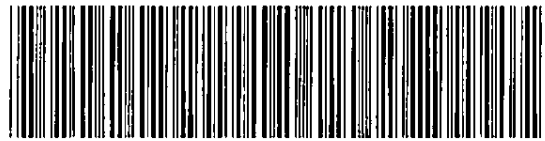
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2023 NOV 29 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 NOV 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/29/2023

Acc#120160000072

mic DW

Name:	Vantive US Healthcare LLC
Document #:	
Order #:	15240813

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input checked="" type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **60.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vantive US Healthcare LLC
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:

Melody Worsham

Name of Person

Baxter International Inc.

Firm/Company

One Baxter Parkway

Address

Deerfield, IL 60015

City/State and Zip Code

melody_worsham@baxter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Worsham at (773) 630-6095

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

**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: Vantive US Healthcare 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)

2023 NOV 29 PM 3:19
DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M23000014093

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 2, 2023

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

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:

Please see below and attached

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Baxter Healthcare Corporation	One Baxter Parkway Deerfield, IL 60015	<input type="checkbox"/> Add
			<input checked="" 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.

Ellen K. Bradford
Ellen K. Bradford (Nov 29, 2023 11:48 CST)

Signature of the authorized representative

Ellen K. Bradford

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2023 NOV 29 PM 3:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

Vantive US Healthcare LLC

One Baxter Parkway Deerfield, IL 60015

Member, managers, and officers (after giving effect to the adjustments set forth below) are solely for purposes of annual reporting to the Florida Department of State Division of Corporations.

Managers

Joel T. Grade - **remove**

David S. Rosenbloom - **remove**

Christopher Toth - **remove**

Officers	Title
Christopher Toth	President - remove
Joel T. Grade	Vice President and Chief Financial Officer - remove
Ellen K. Bradford	Vice President and Secretary
Karen L. Leets	Vice President and Treasurer
Shuaib Atique	Assistant Secretary - remove
Matthew Rice	Assistant Secretary - remove
Holly Tahvonen	Assistant Secretary - remove
Christine Fleming	Assistant Treasurer - remove
David Bailey	Vice President - remove
James Borzi	Vice President
Kelli Carney	Vice President - remove
Michael A. Cascella, Jr.	Vice President
Matthew T. Harbaugh	Vice President
Bernard Heine	Vice President - remove
Christopher M. Jones	Vice President - remove
Vijay Rangan	Vice President - remove
Jon Rushford	Vice President - remove
Mary Smith	Vice President- remove

Brian C. Stevens

Vice President - **remove**

Thomas Young

Vice President - **remove**