

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. 6327
Tallahassee, FL 32314

500001480135
-05/09/95--01026--001
*****70.00 *****70.00

SUBJECT: Managed Care Solutions of Tampa Bay, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 8 PM 5:04

Please return the photocopy to me with the filing date stamped on it.

FROM:

Sheree L. Harman
Name (printed or typed)

116 11th St. So.
Address

Bradenton Beach, FL 34217
City, State & Zip

(813) 778-0734
Daytime Telephone Number

W
5/10

P95000037160

Managed Care Solutions of Tampa Bay, Inc.
1007 Gulf Dr N #208
Bradenton Beach, FL 34217

August 8, 1997

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
97 AUG 27 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

700002267237--5
-08/14/97--01085--013
*****35.00 *****35.00

Attention: Amendment Department

Re: Ref Number: P95000037160

Please find the enclosed Amendment to Articles of Incorporation changing the name of the Corporation from **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.** to **US MANAGED CARE SOLUTIONS, INC.**

We have also enclosed a check for \$35.00 for the filing fee as required to amend the previously filed Articles of Incorporation of **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.**

Thank you in advance for your attention to this matter.

Sincerely,

Sheree L. Harman

Sheree L. Harman
Chairman

~~6497-19391~~

N/C

V8 AUG 29 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 22, 1997

SHEREE L. HARMAN
MANAGED CARE SOLUTIONS OF TAMPA BAY, INC
1007 GULF DR. N., #208
BRADENTON BEACH, FL 34217

SUBJECT: MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.
Ref. Number: P85000037160

We have received your document for **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.** and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 697A00042567

Managed Care Solutions of Tampa Bay, Inc.
1007 Gulf Dr. N #208
Bradenton Beach, FL 34217

August 25, 1997

Florida Department of State
Division of Corporations
Amendment Department
P O Box 6327
Tallahassee, FL 32314

Attention: Velma Shepard

Re: Ref. Number P95000037160

Subject: Name change

Please find the enclosed Amendment to Articles of Incorporation changing the name of the Corporation from **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.** to **U S MANAGED CARE SOLUTIONS, INC.**

As per your letter, please apply the \$35.00 check that was previously submitted for the amendment filing fee as required to amend our previously filed Articles of Incorporation of **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.**

Thank you in advance for your assistance in this matter.

Sincerely,



Sheree L. Harman
Chairman

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
97 AUG 27 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Resolved, that Article 1 of the Articles of Incorporation is amended and now provides that:

The name of Corporation shall be changed from. MANAGED CARE SOLUTIONS OF TAMPA BAY, INC. to U S MANAGED CARE SOLUTIONS, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: August 8, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25 day of August, 19 97

Signature

Sheree L. Harman

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

~~(By a director if adopted by the directors)~~

OR

~~(By an incorporator if adopted by the incorporators)~~

Sheree L. Harman

Typed or printed name

Chairman / Director

Title

P95 000037160

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.
THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	<u>U.S. MANAGED CARE SOLUTIONS, INC.</u>	EIN or SSN:	<u>65-0576086</u>
Address:	<u>1007 Gulf Dr. N. #208</u>		
	<u>Bradenton Beach, FL 34217</u>		
Amount:	<u>\$35.00</u>	Date Paid:	<u>7/29/97</u>
Reason for Claim:	<u>Sent in filing twice for U S MANAGED CARE SOLUTIONS, INC.</u>		
	<u>(Document #P95000037160)</u>		
Certified true and correct this <u>12th</u> day of <u>September</u> , 19 <u>97</u>			
Signature <u>Shirley A. Gorman</u>			

* Must be completed if authority is other than Section 215.26, Florida Statutes.

LEJ AMENDMENT SECTION

Do Not Write in This Box - For Agency Use Only
Agency recommends approval of above claim and submits the following information to substantiate the claim:
Amount of recommended refund \$ 35.00
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on
State Treasurer's Receipt No. 01032-006 dated 006

NAME OF ACCOUNT: 45202130001453000000000010000

Statutory Authority for Collection 607.0122
It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1997

Harmon-Miller
% U S MANAGED CARE SOLUTIONS, INC.
1007 Gulf Drive North, #208
Bradenton Beach, FL 34217

SUBJECT: U S MANAGED CARE SOLUTIONS, INC.
Ref. Number: P95000037160

We have received your document for U S MANAGED CARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee was sent in twice. Please complete the enclosed refund application and return to this office for processing,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 397A00044533

9.12.97

THANKS FOR YOUR ASSISTANCE IN THIS MATTER.

Sandra B. Mortham

Managed Care Solutions of Tampa Bay, Inc
1007 Gulf Dr. N. #208
Bradenton Beach, FL 34217

July 29, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Amendment Section

RE: Amendment in Articles of Incorporation Regarding Change in Name of
Corporation.

4000002255944--3
-08/04/97--01032--006
*****35.00 *****35.00

Dear Sir/Madam:

Please find enclosed our request to amend our articles of incorporation to change
the corporation name from **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.** to
MANAGED CARE SOLUTIONS OF FLORIDA, INC.

In our haste to get this amendment in the mail, we inadvertantly forgot to include this
cover letter and the check for the filing fee of \$35.00. Please note that both are
included in this envelope and accept our humble apology for any confusion that this
oversight may have caused.

We have enclosed a duplicate of the amendment to be stamped and returned for our
records. Thanks in advance for your assistance in this matter.

If there are any questions, please feel free to contact me at 941-778-0734.

Sincerely,

Sheree L. Harman
Sheree L. Harman

611
*789, 524, 708, 767



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1997

Harmon-Miller
% U S MANAGED CARE SOLUTIONS, INC.
1007 Gulf Drive North, #208
Bradenton Beach, FL 34217

SUBJECT: U S MANAGED CARE SOLUTIONS, INC.
Ref. Number: P95000037160

We have received your document for U S MANAGED CARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee was sent in twice. Please complete the enclosed refund application and return to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 397A00044533



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 4, 1997

HARMAN-MILLER
1007 GULF DRIVE NORTH
#208
BRADENTON, FL 34217

SUBJECT: MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.
Ref. Number: P95000037160

We have received your document for **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.** . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. For each certified copy requested, please add an additional \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 097A00039443