



05965014

AUG 16 2017

FILE NO. P14123940

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT (SHORT FORM)

Read the Instructions LO16i

- 1. ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

MEDICAL PROVIDER STAFFING SERVICES, PLLC

2. A.C.C. FILE NUMBER: P14123960

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

- 3. ☐ ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space provided:

4. ☐ **MANAGEMENT STRUCTURE CHANGE** – *see Instructions L016j* – check only one box below and follow instructions:

- ☐ **CHANGING TO MANAGER-MANAGED LLC** - complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*

- ☐ **CHANGING TO MEMBER-MANAGED LLC** – complete and attach the Member Structure Attachment form L041.
The filing will be rejected if it is submitted without the attachment.

5. ☐ **DURATION CHANGE** – check only one box to indicate the **NEW** duration or life period of the LLC:

- ☐ Perpetual ☐ The LLC's life period will end on this **date**: _____ ☐ The LLC's life period will end upon the occurrence of this **event**: _____

6. ☐ **ENTITY TYPE CHANGE** - check one and follow instructions:

- ☐ CHANGING TO *PROFESSIONAL* LLC - number 7 must also be completed.

- ☐ CHANGING TO *NON-PROFESSIONAL* LLC –
(professional LLC becoming a regular LLC).

7. ☐ **PROFESSIONAL SERVICES CHANGE** – describe the **NEW** type of professional services of the LLC:

8. ☒ **OTHER AMENDMENT** – if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature	
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Laura Becker
Printed Name

08/08/17
Date (mm/dd/yy)

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

- ☐ This is a **manager-managed LLC** and I am signing individually as a **manager** or I am signing for an **entity manager** named:

- ☐ This is a **member-managed LLC** and I am signing individually as a **member** or I am signing for an **entity member named:**

Michael Heter MD

Filing Fee: \$25.00 (regular processing)
Expedited processing ~ add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

AMENDMENT ATTACHMENT FOR MEMBERS

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:
MEDICAL PROVIDER STAFFING SERVICES, PLLC

2. A.C.C. FILE NUMBER: P14123960

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. Check one box only to indicate what document the Attachment goes with:

☒ Articles of Amendment ☐ Articles of Amendment to Application for Registration

4. MEMBERS CHANGE – use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS
 - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. **FOR NEW MEMBERS – in a separate block**, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, use another Amendment Attachment for Members form.

MICHAEL KAPLAN MD					
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
15320 HIGHWAY 105 WEST, STE 120					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
MONTGOMERY	TX	77356			
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES					
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input checked="" type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		

RECEIVED

AUG 16 2017

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?

☐ New Entity ☒ Change to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

MEDICAL PROVIDER STAFFING SERVICES, PLLC

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #: Total amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. **UNACCEPTABLE CHECKS** include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: COMPLIANCE@NEXTCARE.COM		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____

DATE: _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf