Henry Walker Direct: 615.252.2363 Fax: 615.252.6363 hwalker@bradley.com

FILED 4/28/2020 DOCUMENT NO. 02248-2020 **FPSC - COMMISSION CLERK**

020 APR 28 AM 10:

RECEIVED-FPSC



April 24, 2020

Via FedEx

Office of the Clerk Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399

Re: Informational Notice of Name Change

Dear Madam or Sir:

This is an informational letter to let the Commission know that TeleQuality Communications, LLC, which provides unregulated, broadband services to rural healthcare providers in Florida and elsewhere, has changed its name to ENA Healthcare Services, LLC ("ENA"). A copy of the name change amendment filed with the Secretary of the State is attached.

New Principal Business Address:

618 Grassmere Park Drive, Suite 12 Nashville, TN 37211

Contacts: Official Representative / General Counsel of ENA and Affiliates Official Representative / Director of Compliance and Regulatory Affairs

Kathryn (Kitty) Ganier (615) 312-6145 / (202) 536-8087 (Mobile) Anne Turner (202) 908-6994 / (206) 999-7942 (Mobile)

I am also including for informational purposes a copy of the services offered and rates charged by the company in Florida.

Please acknowledge receipt of this letter by date-stamping the extra copy and returning it in the envelope provided. Please contact me at <u>hwalker@bradley.com</u> or at 615-252-2363 if you have any questions. Thank you for your assistance.

Sincerely,

/s/ Henry Walker

Henry Walker Counsel for ENA Healthcare Services, LLC

HW/ Enclosure

4822-8040-9787.1



February 18, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

ENA HEALTHCARE SERVICES, LLC 21202 GATHERING OAK SAN ANTONIO, TX 78260US

Re: Document Number M18000001738

The Amendment to the Application of a Foreign Limited Liability Company for TELEQUALITY COMMUNICATIONS, LLC which changed its name to ENA HEALTHCARE SERVICES, LLC, a Delaware limited liability company authorized to transact business in Florida, was filed on February 17, 2020.

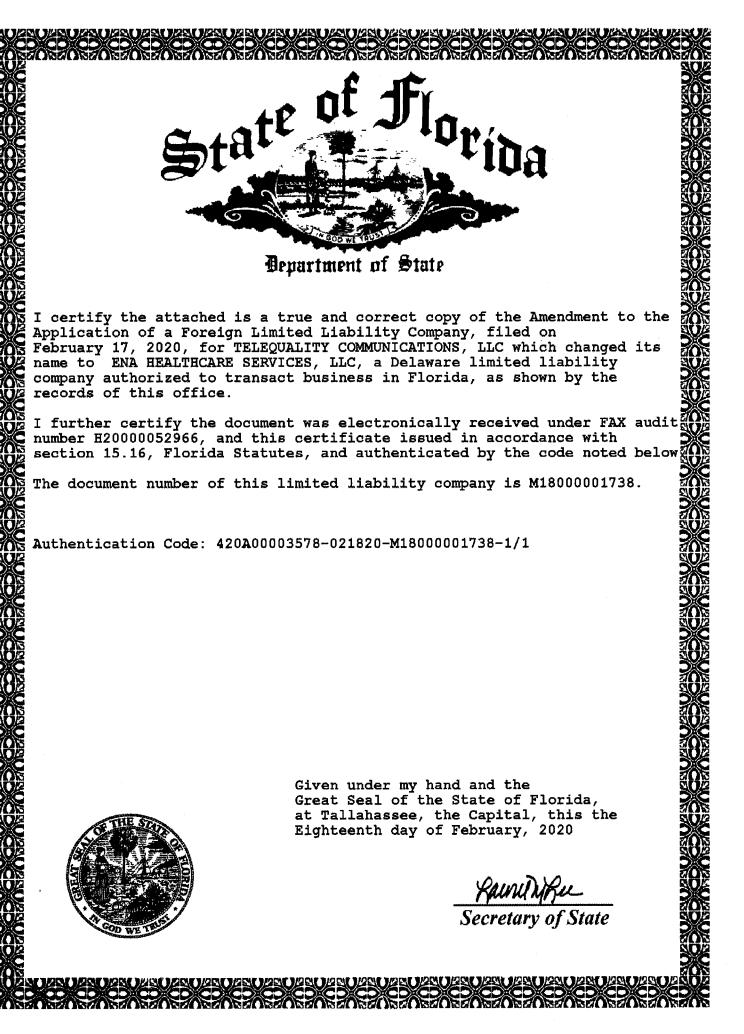
The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H20000052966.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Yasemin Y Sulker Regulatory Specialist III Division of Corporations

Letter Number: 420A00003578

P.O BOX 6327 - Tallahassee, Florida 32314



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: TeleQuality Communications, 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)

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

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____02/19/2018

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

5. New name of the limited liability company: ENA Healthcare Services, LLC

(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

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.

City

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
<u> </u>		• •	Add
			Remov
			Add
			Remov
<u></u> —			Add
			Remove
			Add
			Remove
			Add
			Remove
aforementioned	rtificate, if required: no more than 90 d amendment(s), duly authenticated by t er the law of which this entity is organi Signature of t Kathryn K. Ganier	he official having custody of records in the	
	/	ed name of signee	

Filing Fee: \$25.00

ENA Healthcare Services, LLC f/k/a TeleQuality Communications, LLC Florida Rate Sheet No. 4

SERVICES RATES

Service is designed and provisioned on an Individual Case Basis (ICB) pursuant to contracts with Customers. All requesting Customers shall have nondiscriminatory access to ICB Services and facilities at nondiscriminatory rates, terms and conditions. While TeleQuality will provide service at the published rates, contract prices may be less than, but not more than, the published rates based on competitive market considerations and factors such as the number of locations to be connected, physical location of each facility, availability of existing infrastructure to support network requirements, speed, latency, jitter, network availability requirements, costs to obtain underlying services from RLEC, ILEC and CLEC providers, internal equipment costs required by TeleQuality to provide service, and collocation facilities required to integrate services from multiple providers.

Bandwidth	Recurring	
	Monthly Rate	
20 Mbps	\$5,426	
45 Mbps	\$1,190	
50 Mbps	\$947	
100 Mbps	\$3,836	