L08000008620

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000054835 3)))

H08000054835ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FILED
08 MAR -3 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RECEIVED
08 MAR -3 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BOLLETTIERI SPORTS MEDICINE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$55.00

Electronic Filing Menu Corporate Filing Menu Help

N. Gulligan MAR

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bollettieri Sports Medicine, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/23/2008 and assigned Florida document number L08000008620.

This amendment is submitted to amend the following:

FILED
08 MAR -3 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. If amending name, enter the new name of the limited liability company here:

Bollettieri Sports Medicine at Lakewood Ranch, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office 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 608, 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.

C T Corporation System

(If Changing Registered Agent, Signature of New Registered Agent)

VicklAnn Owens
Special Assistant Secretary

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	The Rehab Group, L.L.C	6480 Midnight Pass Road Sarasota, FL 34242	☒ Add Remove
MGRM	Bollettieri Sports Medicine Center, LLC	5500 34th Street West Bradenton, FL 34210	☒ Add Remove
			☐ Add Remove
			☐ Add Remove
			☐ Add Remove
			☐ Add Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
08 MAR -3 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated February 28, 2008

Signature of a member or authorized representative of a member

George H. Brunner

Typed or printed name of signee

Filing Fee: $25.00