

L08000043063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

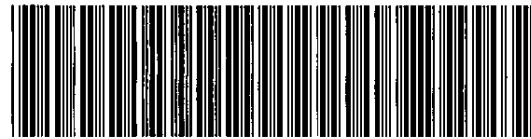
(Document Number)

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NOV 17 2011  
**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Omni Home Health - District 4, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY Rasmussen  
Name of Person

OMNI Home Health Holdings, Inc.  
Firm/Company

510 Hospital Drive, Suite 100  
Address

MADISON, TN 37115-5036  
City/State and Zip Code

grasmussen@suncresthealth.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Robin Cohen at (954) 707-5880  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Omni Home Health - District 4, LLC

(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 4/29/2008 and assigned Florida document number LO8000043063.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

510 Hospital Drive, Suite 100  
Madison, TN 37115-5036

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

510 Hospital Drive, Suite 100  
Madison, TN 37115-5036

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:

N/A

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.

If Changing Registered Agent, Signature of New Registered Agent

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2011 NOV 16 PM 5:00  
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TALLAHASSEE FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Fred Portnoy	11555 Heron Bay Blvd Suite 100 Coral Springs, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OMNI Home Health Holdings, Inc	510 Hospital Drive Suite 100 Madison, TN 37115-5036	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John W. Dart, III	510 Hospital Drive Suite 100 Madison, TN 37115-5036	<input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

11/1/2011

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

GARY RASMUSSEN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 16 PM 08

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