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Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 205-0383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
 Account Number : I20020000094
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 Fax Number : (770) 220-1943

RECEIVED
 05 AUG 12 AM 11:19
 DIVISION OF CORPORATION

M04-4413

**LIMITED LIABILITY AMENDMENT
 SOVEREIGN HEALTHCARE OF LAKE LAND, LLC**

SECRET
 TALLAHASSEE, FLORIDA

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Certificate of Status	0
Certified Copy	1
Page Count	03
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

- 1. Name of limited liability company as it appears on the records of the Florida Department of State: Sovereign Healthcare of Lakeland, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: October 15, 2004

SECTION II (4-7 complete only the applicable changes)

- 4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? August 11, 2005
- 5. New name of the limited liability company: Warner Robins Rehabilitation Center, LLC
- 6. If the amendment changes the period of duration, indicate new period of duration: _____
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
- 9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Gerald L. Baxter
Signature of a member or the authorized representative of a member

Gerald L. Baxter
Typed or printed name of signer

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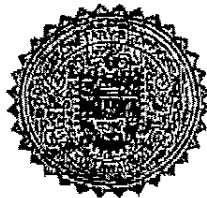
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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SOVEREIGN HEALTHCARE OF LAKELAND, LLC", CHANGING ITS NAME FROM "SOVEREIGN HEALTHCARE OF LAKELAND, LLC" TO "WARNER ROBINS REHABILITATION CENTER, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF AUGUST, A.D. 2005, AT 7:20 O'CLOCK P.M.



3867781 8100

050665628

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4087601

DATE: 08-11-05

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State of Delaware
Secretary of State
Division of Corporations
Delivered 07:20 PM 08/11/2005
FILED 07:20 PM 08/11/2005
SRV 050665628 - 3867781 FILE

**CERTIFICATE OF AMENDMENT OF THE
CERTIFICATE OF FORMATION
OF SOVEREIGN HEALTHCARE OF LAKELAND, LLC**

Sovereign Healthcare of Lakeland, LLC, a limited liability company organized and existing under the laws of the State of Delaware (the "Company"), hereby certifies as follows:

1. The Corporation was originally formed in the State of Delaware and the original Certificate of Formation of the Company was filed with the Secretary of State of the State of Delaware on October 14, 2004.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The paragraph under Section 1 is hereby deleted in its entirety and replaced with the following:

"The name of the limited liability company is Warner Robins Rehabilitation Center, LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 11th day of August, 2005.

/s/ William Krystopowicz
William Krystopowicz, Manager

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