MU8000001029

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		W		



400224025864

03/12/12--01012--013 **25.00

SECRETARY OF STATE OF VISION OF CORPORATION 12 MAR 12 PM 4: 49

B. KOHR MAR 13 2012 EXAMINER

Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporations			e e
SUBJ		Advanced Prace		
Dear S	Sir or Madam:			
The e	nclosed application, certificate and fee	e(s) are submitted fo	or filing.	
Please	return all correspondence concerning	this matter to the f	following	:
	Robert L. Herbolsheime	er		
	Name of Person			
	Aureus Healthcare One L	LC		
	Firm/Company			
	P.O. Box 3037			
. i . i .	Address (*) The Control of Live Control of States (*) The Control of Control of States (*)	#4 (1949) _122 (1919)	eg Gersty	L. W.III III
	Omaha, NE 68154	·		
	City/State and Zip C	ode	: [:71	en grande en
	rherbols@ca-industrie	es.com		
	rail address: (to be used for future ann	·	ion)	
roi iu	Robert Herbolsheimer	at (402	.	891-0009
	Name of Person	/	& Daytin	ne Telephone Number
• · ·	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	•••	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
	Filing Fee \$\int \text{\$30 \text{Filing Fee & Certificate of Stat}}	□\$55 Filing		\$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT 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: Aureus Advanced Practice LLC
2.	Jurisdiction of its organization: Nebraska
3.	Date authorized to do business in Florida: March 4, 2008
	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? February 27, 2012
5.	New name of the limited liability company: Aureus Healthcare One LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Èl the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "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. Signature of a member or the authorized representative of a member
	Dawn Wolf
	Typed or printed name of signee

Filing Fee: \$25.00

STATE OF



NEBRASKA

United States of America, State of Nebraska

SS.

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

AUREUS HEALTHGARE ONE LLO

with its registered office located in LINCOLN, Nebraska, filed Articles of Organization in this office on August 31, 2006.

I further certify that said limited liability company is in existence as of this date.

In Testimony Whereof;

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on March 5, 2012.

SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.