

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HOLLAND & KNIGHT OF JACKSONVILLE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
PENMAN PLAZA ASSOCIATES, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

A. LUNT

MAY 17 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Penman Plaza Associates, LLLP

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on October 26, 1990, assigned Florida document number A30743 adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

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

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address: 3599 University Boulevard South
(Must be STREET address) Jacksonville, Florida 32216

New Mailing Address: Attn: Douglas M. Baer, Penman Plaza
(May be post office box) 3599 University Boulevard South
Jacksonville, Florida 32216


C. 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: Robert H. Pritchard
New Registered Office Address: 1301 Riverplace Blvd., Suite 1500
Enter Florida street address
Jacksonville Florida 32207
City Zip Code

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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.



If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Consolidated Medical Properties, Inc.	3715 Northside Pkwy NW Ste 106 Atlanta, GA 30327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	GH Partnership Holdings PPA, Inc.	3500 University Blvd. S. Jacksonville, FL 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	\$59481		<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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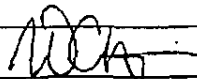
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

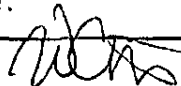
(NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Consolidated Medical Properties,
Inc.

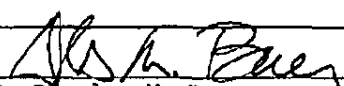

By William A. McClain, III
Its President

Signature(s) of all new or dissociating general partner(s), if any:

Consolidated Medical Properties,
Inc.


By William A. McClain, III
Its President

GH Partnership Holdings PPA,
Inc.


By Douglas M. Baer
Its President and Chief
Executive Officer

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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