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WALKER & FAIRBANKS, P.A.
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PLEASE REPLY TO:

P. O. Box 676
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March 15, 2000

Attention: Amendments Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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-03/17/00-01053-010
*****33.75 *****39.75

Re: HEALTHSPAN, L.L.C.

Ladies and Gentlemen:

Enclosed is an original Certificate of Amendment to the Articles of Organization to be filed in the Secretary of State's office on behalf of the above corporation. Also enclosed are a copy of the Amendment to be file stamped by your department and returned to us and our check for \$33.75 to cover filing fees and the cost of a certified copy of the entire Articles as amended.

If you have any questions concerning this document, please contact me.

Very truly yours,

WALKER & FAIRBANKS, P.A.

FILED
MAR 17 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	Peggy D. Adolphson
Availability	Certified Legal Assistant
Document Examiner	pa LCC
Updater	Enclosures DCC
Updater Verifier	DCC
Acknowledgement	DCC
GA5118/amend.in	
W. P. Verifier	DCC

name change

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**CERTIFICATE OF AMENDMENT
TO THE ARTICLES OF ORGANIZATION OF
HEALTHSPAN, L.L.C.**

HEALTHSPAN, L.L.C. (the "Company"), a Florida limited liability company, pursuant to the unanimous vote of its Members, hereby amends the Articles of Organization, in accordance with Florida Statutes Section 608.411 (1999).

1. The Company was formed in the State of Florida on February 15, 2000.
2. Article I will be deleted and the following language inserted in its place:

ARTICLE I.

The name of the limited liability company shall be:
HEALTH AND HEALING CENTER, L.L.C.

HEALTHSPAN, L.L.C.

By: Charles Blanchard Stoer, M.D.
Charles Blanchard Stoer, M.D.
Managing Member

Charles Blanchard Stoer, M.D.

STATE OF FLORIDA)

COUNTY OF Melea

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing Certificate of Amendment was acknowledged before me this 28 day of February, 2000, by Charles Blanchard Stoer, M.D., who is the Managing Member of HEALTHSPAN, L.L.C. and [✓] who is personally known to me or [] who has produced identification.

Barbara M. Gloria

Notary Public, State of Florida at Large
Notary's Stamped or Printed Name:
My commission expires:

