

L03000009351

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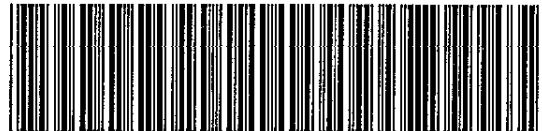
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03 MAY 13 AM 10:13
TALLAHASSEE, FLORIDA

amending?

April 9, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment

To Whom It May Concern:

Please find the enclosed articles of amendment for "Wright Center of Neuromuscular Therapy of Jacksonville, L.L.C. filed March 14, 2003. If you need any further information please call me at (904) 448-9448 or mail me at 9424 Baymeadows Road, #200, Jacksonville, FL 32256.

Thank you,

Edna Wade

Edna Wade

TALLAHASSEE, FLORIDA

03 MAY 13 AM 10:13

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 15, 2003

EDNA WADE
9424 BAYMEADOWS ROAD, #200
JACKSONVILLE, FL 32256

SUBJECT: WRIGHT CENTER OF NEUROMUSCULAR THERAPY OF
JACKSONVILLE, L.L.C.
Ref. Number: L03000009351

We have received your document for WRIGHT CENTER OF NEUROMUSCULAR THERAPY OF JACKSONVILLE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name as it is filed in our office in the heading of this amendment. You must also state what you are amending in the second section of this application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 903A00022460

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WRIGHT CENTER OF NEUROMUSCULAR THERAPY OF JACKSONVILLE, L.L.C.
(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was MARCH 14, 2003.

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Change the name of business to:

WRIGHT CENTER, L.L.C.

FILED
03 MAY 13 AM 10:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated APRIL 9, 2003.

Edna C. Wade
Signature of a member or authorized representative of a member

EDNA C. WADE
Typed or printed name of signee

Filing Fee: \$25.00