

L030000020354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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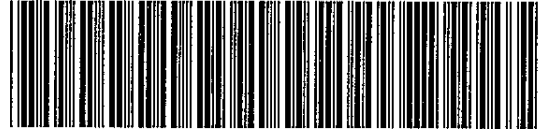
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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L03-20354  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C.H.O.O.S.E. PHYSICAL THERAPY, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY W. WELSH

(Name of Person)

C.H.O.O.S.E. PHYSICAL THERAPY, LLC

(Firm/Company)

3001 EASTLAND BLVD, STE 3B, BLDG G

(Address)

CLEARWATER, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

AMY W. WELSH

(Name of Person)

at ( 727 ) 797-7600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee &  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

C.H.O.O.S.E. PHYSICAL THERAPY, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 6/5/03 and assigned  
document number L03000020354

**SECOND:** This amendment is submitted to amend the following:

1. Change company name to correct "THERAPHY" to "THERAPY."
2. Change address from 36181 EAST LAKE RD., STE 195,  
PALM HARBOR, FL 34685 to:

3001 EASTLAND BLVD., SUITE 3B, MEDICAL BLDG  
CLEARWATER, FL 33761

SECRETARY OF STATE  
TAMARA HASSEB, FLORIDA

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Dated October 5, 2005

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

AMY W. WELSH

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00