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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan DEC 12 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SA-LAKELAND, 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:

Ari J. Markenson, J.D., M.P.H.

(Name of Person)

Cypress Health Care Management, LLC

(Firm/Company)

4 West Red Oak Lane, Suite 201

(Address)

White Plains, New York 10604

(City/State and Zip Code)

For further information concerning this matter, please call:

Ari J. Markenson

(Name of Person)

at (914) 390-4366

(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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

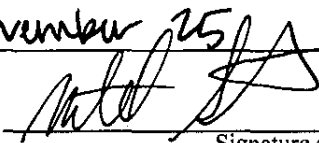
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---|--|
| MGRM | CHC-CLP OPERATOR HOLDIN | CHC-CLP OPERATOR HOLDING, LLC 4 West Red Oak Lane, Suite 201 White Plains, New York 10604 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | CHC-SPC OPERATOR, INC. | CHC-SPC OPERATOR, INC. 4 West Red Oak Lane, Suite 201 White Plains, New York 10604 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Maxwell Stolzberg | 44 South Broadway, Suite 614 White Plains, New York 10601 | <input type="checkbox"/> Add <input checked="" 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 |

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

Dated November 25, 2008



Signature of a member or authorized representative of a member

Mitchell Starer-Authorized representative

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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