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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: SA-LA	KELAND, LLC				
	(Name of Lim	ited Liability Company)			
	Amendment and fee(s) are sub	_			
riease retuin an correspo	Shachee concerning and matter	to the following.			
	Ari J. Markenson, J.D., N	1.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 of	concerning this matter, please c	all:			
Ari J. Markenson		at (<u>914</u>) 390-4366 (Area Code & Daytime T			
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS.		STDEET/COUDIED	A DDDFCC.		

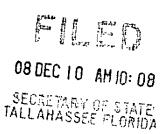
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SA-LAKELAND, LLC

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

natifity Company)		
were filed on February 20, 2004 and assigned		
ility company here:		
ted Liability Company," the designation "LLC" or the abbrevia	_ tion	
4 West Red Oak Lane, Suite 201		
White Plains, New York 10604	- -	
4 West Red Oak Lane, Suite 201		
White Plains, New York 10604	_	
	– 1 <u>ew</u>	
	-	
(Enter Florida street address)		
(City) , Florida(Zin Code)	_	
	ility company here: ted Liability Company," the designation "LLC" or the abbreviated Liability Company, the designation "LLC" or the abbreviated 4 West Red Oak Lane, Suite 201 White Plains, New York 10604 4 West Red Oak Lane, Suite 201 White Plains, New York 10604 fice address on our records, enter the name of the nee:	

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Type of Action
MGRM	CHC-CLP OPERATOR HOLDIN	CHC-CLP OPERATOR HOLDING, LLC 4 West Red Oak Lane, Suite 201 White Plains, New York 10604	Add Remove
<u>MGRM</u>	CHC-SPC OPERATOR, INC.	CHC-SPC OPERATOR, INC. 4 West Red Oak Lane, Suite 201 White Plains, New York 10604	Add Remove
MGR	Maxwell Stolzberg	44 South Broadway, Suite 614 White Plains, New York, 10601	Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	2.)
			OS DEC 10 AM
Dated N	ovember 15/1 200	<u> </u>	AM ID: 08
	Signature of a member	r or authorized representative of a member	
	Mitchell Starer-Authoriz	ed representative	

Page 2 of 2

Filing Fee: \$25.00