vision of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Phone : (850)222-1092

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARASOTA LTAC PROPERTIES, LLC

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S. HAWKES

SEP 2 4 2010

EXAMINER

S. HAWKES

SEP 2 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Sarasotu L'	TAC Properties, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(a) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		г ино сомралу	
		Address	
		City/State and Zip Code	-
		to be used for future annual report notifica	ttion)
For further information	n concerning this matter, please o	sall:	
Nem	e of Person	at (at Code & Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		•
\$25.00 Filing Fee	Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	ILING ADDRESS: stration Section sion of Corporations	STREET/COURTE Registration Section Division of Corporate	

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OSE 22 MA O. S. Sarasota LTAC Properties, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) March 30, 2004 and assigned

The Articles of Organization for this Limited Liability Company were filed on L04000024426 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

Zip Code

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 Title Name Address MGRM **HEALTHSOUTH Corporation** 3660 Grandyiew Parkway, Suite 200 Birmingham, Alabama 35243 MGR John P. Whittington 3660 Grandview Parkway, Suite 200 Add TRemove Birmingham, Alahama 35243 MGR Mark J. Terr 3660 Grandview Parkway, Suits 200 ⊠ Add Birmingham, Alabama 35243 ☐ Remove MOR Dougles E. Colthurp Add Remove 1660 Grandview Parkway, Suite 200 Birmingham, Alahama 35243 ∏Add Remove DDA_ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Septomber 22

Signature of a member or authorized representative of a member John P. Whittington

Typed or printed name of signec

Page 2 of 2

Filing Fee: \$25.00