

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NS3 HEALTH, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

J. BRYAN

JAN 27 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NBS Health, 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:

Jan R. Ezell, Corporate Paralegal
Name of Person
Alston & Bird LLP
Firm/Company
1201 West Peachtree Street
Address
Atlanta, GA 30309-3424
City/State and Zip Code
Anne-Marie_Forrest@Premierinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan R. Ezell at (404) 881-7442
Name of Person 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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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NS3 Health, LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 7, 2004 and assigned
Florida document number LM000042707

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 BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

c/o Anna-Marie Forrest

13034 Bellantyne Corporate Place

Charlotte, NC 28277

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

33324

City

Zip Code

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.*

Danny Verdecchia, Jr.
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

Danny Verdecchia, Jr. Asst. Secretary

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	Type of Action
MGRM	Sal P. Saraniti	5341 N.W. 84th Way Coral Springs, FL 33067, US	☐ Add ☒ Remove
MGRM	Susan C. Castillo	16357 Southwest 54 Terrace Miami, FL 33185, US	☐ Add ☒ Remove
MGRM	Nicholas M. Saraniti	5501 Albin Drive Greenacres, FL 33463, US	☐ Add ☒ Remove
MGRM	Seth R. Leverence	3073 Riverside Drive Coral Springs, FL 33065, US	☐ Add ☒ Remove
MGRM	Margorie S. Helfan	4024 N. Ocean Drive Hollywood, FL 33019, US	☐ Add ☒ Remove
MGR	Richard M. Dougherty	108 Locustberry Lane, Unit 103 Jupiter, FL 33458, US	☐ Add ☒ Remove

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

Dated 1/25, 2011

CAROL MCKASOON
Signature of a member or authorized representative of a member
CAROL MCKASOON
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
NS3 HEALTH, LLC

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Craig McKeason	13034 Ballantyne Corporate Place Charlotte, NC 28277, US	☒ Add ☐ Remove

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