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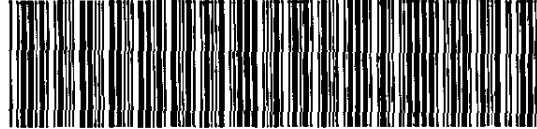
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE REHAB STAFFING SERVICES 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:

ARISTIDES GUEVARA

(Name of Person)

ADVANCE REHAB STAFFING SERVICES LLC

(Firm/Company)

590 N. SEMORAN BLVD. SUITE 1000

(Address)

ORLANDO, FL 32807

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ARISTIDES GUEVARA

(Name of Person)

at (407) 234 - 7044

(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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

ADVANCE REHAB STAFFING SERVICES LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JULY 25, 2005 and assigned document number LO5000072979.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

1. ADD MANAGING MEMBER/MANAGER :

JUDITH GOROSPE
527 ALOKEE CT.
LAKE MARY, FL 32746
(407) 322 - 2487


2. CHANGE BUSINESS ADDRESS TO : (APPLICABLE TO ARTICLE II ^{and} ARTICLE IV)
590 N. SEMORAN BLVD.
SUITE 1000
ORLANDO, FL 32807

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated AUGUST 8, 2005.



Signature of a member or authorized representative of a member

ARLISTIDES GUEVARA

Typed or printed name of signee

Filing Fee: \$25.00