

L05000089989

(Requestor's Name)

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(City/State/Zip/Phone #)

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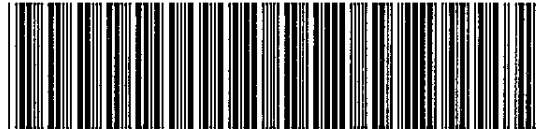
(Business Entity Name)

(Document Number)

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09/28/05--01019--005 **25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 4 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W Prevention + Rehabilitation Therapy, 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:

Robert Neil White
(Name of Person)

W Prevention + Rehabilitation Therapy, LLC
(Firm/Company)

2815 W. PEARL AVE.
(Address)

TAMPA, FL 33611
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert Neil White at (813) 787-6733
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

W Prevention Rehabilitation Therapy, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/6/05 and assigned
document number LS0000899891.

SECOND: This amendment is submitted to amend the following:

NAME of LLC change to:

W Physical Therapy, LLC

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CLERK OF COURTS
TALLAHASSEE, FLORIDA

Dated 9/22/05.

Robert Neil White

Signature of a member or authorized representative of a member

Robert Neil White

Typed or printed name of signer

Filing Fee: \$25.00