

LOS000105505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

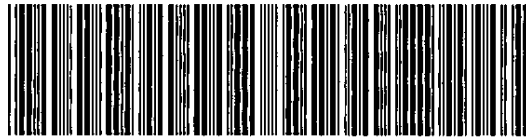
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2009 SEP 15 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 16 2009

EXAMINER



KELLY CHACE TRIPP, General Counsel
Vice President of Corporate Compliance
One Tenth Street, Suite 500
P.O. Box 200 / 30903-0200
Augusta, GA 30901-0103
Telephone: 706-855-5533
Facsimile: 706-228-6808
Toll Free: 800-241-3363

September 14, 2009

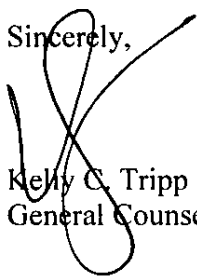
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Total Home Health Care, LLC
Amend Articles of Organization

Dear Sir or Madam,

Please find enclosed the Articles of Amendment to Articles of Organization of Total Home Health Care, LLC and check no. 22981 in the amount of \$25.00. If you have any questions please feel free to contact my legal assistant Buffi Jones at 706-854-7490.

Sincerely,


Kelly C. Tripp
General Counsel

KCT/bj

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Home Health Care, 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:

Kelly C. Tripp

Name of Person

CareSouth Home Health Services, LLC

Firm/Company

P.O. Box 200

Address

Augusta, GA 30903-0200

City/State and Zip Code

ktripp@caresouth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly C. Tripp

Name of Person

at (706)

854-7428

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**

Total Home Health Care, 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 10/27/2005 and assigned
Florida document number L050000105505.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CareSouth HHA Holdings of Panama City, LLC

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)

P.O. Box 200

Augusta, GA 30903-0200

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TALLAHASSEE, FLORIDA

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 Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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:

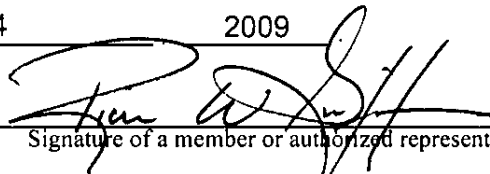
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rick W. Griffin	One Tenth Street Suite 500 Augusta, GA 30901-0103	☒ Add ☐ Remove
MGR	John M. Southern	One Tenth Street Suite 500 Augusta, GA 30901-0103	☒ Add ☐ Remove
MGRM	Judy Stanley	1409 Stonebridge Drive Gretna, LA 70056	☐ Add ☒ Remove
MGR	Georgia Pierson	1209 East 11th Street Panama City, FL 32401	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated August 24 2009



Signature of a member or authorized representative of a member

Rick W. Griffin, Manager

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
CLERK OF THE COURT
STATE