

# L08000052901

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE PAVILION AT HEALTHPARK, LLC

Certificate of Status	0
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T. CLINE

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EXAMINER

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2012 NOV 13 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

THE PAVILION AT HEALTHPARK, 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 May 28, 2008 and assigned  
Florida document number L08000052901

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:

8241 Park Royal Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Myers, Florida 33908

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:

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.*

Nathan S. Giffin  
If Changing Registered Agent, Signature of New Registered Agent

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Nathan S. Giffin 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:

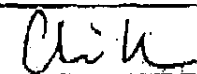
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	American Healthcare Holdings LLC	5435 Jagger Road Suite 3 Naples, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Acadia Healthcare Company, Inc.	830 Crescent Centre Drive Suite 610 Franklin, TN 37067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated \_\_\_\_\_, 2012

  
 Signature of a member or authorized representative of a member  
 Christopher L. Howard, Executive Vice President, General Counsel and Secretary of Acadia  
 Healthcare Company, Inc., the sole member  
 Typed or printed name of signee

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Filing Fee: \$25.00

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