

L08000053674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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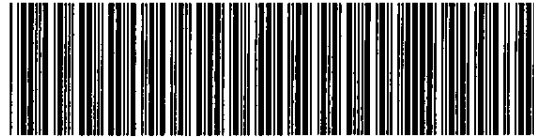
(Business Entity Name)

(Document Number)

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FILED
12 MAR 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 19 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRITY THERAPY 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:

KAY B. GEOGHAGAN

Name of Person

INTEGRITY PHYSICAL THERAPY, LLC

Firm/Company

1912 FOREST PARK AVENUE

Address

PORT ST JOE, FLORIDA 32456-2052

City/State and Zip Code

geoghagans@fairpoint.net

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

For further information concerning this matter, please call:

DENNIS GEOGHAGAN

Name of Person

at (850)

229-8785

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**

INTEGRITY THERAPY SERVICES, LLC

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

FILED
12 MAR 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 29, 2008 and assigned
Florida document number L08000053674.

This amendment is submitted to amend the following:

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

INTEGRITY PHYSICAL THERAPY, 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)

1912 FOREST PARK AVENUE

PORT ST JOE FLORIDA

32456-2052

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

KAY B. GEOGHAGAN

New Registered Office Address:

1912 FOREST PARK AVENUE

Enter Florida street address

PORT ST JOE

City

, Florida

32456-2052

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.

Kay B. Geoghagan
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	KAY B. GEOGHAGAN	1912 FOREST PARK AVENUE PORT ST JOE, FLORIDA 32456-2052	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DENNIS H. GEOGHAGAN	1912 FOREST PARK AVENUE PORT ST JOE, FLORIDA 32456-2052	<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

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

Dated MARCH 12, 2012.

Kay B. Geoghagan
Signature of a member or authorized representative of a member
Kay B. Geoghagan
Typed or printed name of signee