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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for fut; annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REHAB AFTER WORK OF FLORIDA, LLC

| | PN 451 | OF STATE E. FLORIDA |
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3/30/2012

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COVER LETTER

| TO: | Registration to Division of Co | Section orporations | | | | |
|--|---------------------------------------|----------------------------------|---|---|--------|-------|
| SÜBJ | ECT: | Rehab After | Work of Florida, LLC | | | |
| | | Name of Lin | ilted Liability Company | | | |
| | | | | | | |
| The en | closed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Plonsc | return all corresp | pondence concerning this matte | r to the following: | | | |
| | | <u></u> | Terrie Sadberry | | | |
| | | | Name of Person | | | |
| | | Mayr | nard, Cooper & Gale, P.C. | <u> </u> | | |
| | | | Firm/Company | | | |
| | 1901 Sixth Avenue North, Suite 2400 | | | | | |
| | | | Address | | 1 C. | |
| | | Birm | ingham, Alabama 35203 | | | 2 HAR |
| | | taadha | City/State and Zip Code erry@maynardcooper.com | | H N | ¥R 30 |
| | | E-mail address: (| to be used for future annual report notificat | don) | SEL | |
| Por fur | ther information | concerning this metter, please (| eall: | | | 奎 |
| | Te | rrie Sadberry | at (205) 25 | 4-1000 | STATI | 7:48 |
| | | of Person | Area Code & Daytime To | elephone Number | A | Œ) |
| m1 | . 1 (1 1 6 | | | | | |
| | od is a check for a .00 Filing Fee | the following amount: | K7\$55.00 Filing Fee & | 560.00 Filing Fee. | | |
| <u>v 1</u> 027. | oo eming 1.00 | Certificate of Status | Certified Copy (additional copy is enclosed) | Cortificate of Status & Certified Copy (additional copy is enol | iosed) | |
| | | | | | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 | | | STREET/COURIER Registration Section | ADDRESS: | | |
| | | on of Corporations | Division of Corporation Clifton Building | 118 | | |
| | | | 2661 Executive Center Tellahassee, FL 32301 | | | |

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CT CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rehab After W | ork of Florida, LL | | |
|--|--|--|--|
| (Name of the Limited Liability Con (A Florida Limit | ed Liability Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Comp. Florida document number L09000003791 | any were filed onJa | nuary 12, 2009 and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | iability company here: | | |
| The new name must be distinguishable and end with the words "I "L,L.C." | limited Liability Company | " the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | 2 | | |
| • | | | |
| Enter new mailing address, if applicable: | | | |
| (Malling address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | office address on our here: | records, enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| ATHIR THE MINE AND A SHARE AND | Enter Florida street address | | |
| | | , Florida | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Age | <u>nt;</u> | | |
| I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change. | mplete performance of t as provided for in Chap | ny duties, and I am familiar with and ter 608, F.S. Or, if this document is | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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:

Title <u>Address</u> Type of Action Name **MGRM** Rehab Management, Inc. 1440 Russell Road □ Add Paoli, Pennsylvania 19301-1236 Remove Dr. Thomas A. Whiteman MGR ✓ Add 1005 Millbrook Road Berwyn Pennsylvania 19301 Remove MGR Guy T. Murray 2886 Limekiln Pike. Apartment C Glenside, Pennsylvania 19038. 🛛 Add Remove Richard S. Davis MGR c/o Harbert Management Corporation 2100 Third Avenue North, Suite 600 Birmingham, Alabama 35203 Remove MGR Donald R. Beard c/o Harbert Management Corporation 2100 Third Avenue North, Suite 600 [₹]Add Remove Birmingham, Alabama 35203 MGR Raymond J. Harbert, Jr. c/o Harbert Management Corporation 2100 Third Avenue North, Suite 600 Birmingham, Alabama 35203 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 3-29-2012 2012 Dated Signature of a member or authorized representative of a member Onward Behavioral Health, Inc., Sole Member, by Guy T. Murray, its President Typed or printed same of signee

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager

MGRM = Managing Member