

L09011084475

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(Address)

(Address)

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(Business Entity Name)

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EXAMINER



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 988459 4354503

AUTHORIZATION :

COST LIMIT : \$ 25.00

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ORDER DATE : November 21, 2011

ORDER TIME : 4:06 PM

ORDER NO. : 988459-015

CUSTOMER NO: 4354503

DOMESTIC AMENDMENT FILING

NAME: ELEUS HEALTH MANAGEMENT LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEUS HEALTH MANAGEMENT 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:

Elizabeth Arno

(Name of Person)

c/o DLA Piper LLP (US)

(Firm/Company)

1251 Avenue of the Americas, 26th Floor

(Address)

New York, NY 10020

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Howe

(Name of Person)

at (561) 801-7600

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

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

n/a _____

Dated November 16, 2011



Signature of a member or authorized representative of a member

Debra Howe

Typed or printed name of signee

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Filing Fee: \$25.00