

LOG000084478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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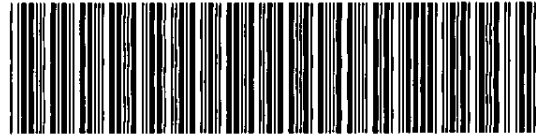
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NOV 22 2011

EXAMINER



400212026564

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 NOV 22 AM 10:49  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 22 PM 1:31



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195  
REFERENCE : 988459 4354503  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 22 PM 1:31

ORDER DATE : November 21, 2011

ORDER TIME : 4:07 PM

ORDER NO. : 988459-025

CUSTOMER NO: 4354503

DOMESTIC AMENDMENT FILING

NAME: KANNON 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: KANNON HEALTH MANAGEMENT LLC  
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS  
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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

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

**KANNON HEALTH MANAGEMENT LLC**

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 09/01/2009 and assigned  
Florida document number L09000084478

This amendment is submitted to amend the following:

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

KANNON HEALTH SERVICES 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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

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:

n/a

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

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

n/a

\_\_\_\_\_

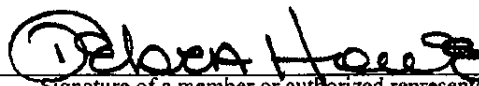
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated November 16, 2011.



Signature of a member or authorized representative of a member

Debra Howe

Typed or printed name of signee