

AUG-12-2011 16:14 From:
Division of Corporations

To: 850 617 6381

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L110000068647

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

From: Account Name : SHUTTS & HOWEN LLP OPERATING ACCOUNT
Account Number : I200300000037
Phone : (561) 835-8500
Fax Number : (561) 650-8530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: jfarrell@shutts.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GARDENS PT-OT CENTER, LLC**

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AUG-12-2011 16:14 From:

To: 850 617 6381

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

2011 AUG 12 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GARDENS PT-OT CENTER, 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 June 13, 2011 and assigned
Florida document number L11000068647

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:

(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:

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

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

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

The initial officers of the Limited Liability Company are:

Jeffrey Farber, MD, Vice President, 4383 Northlake Blvd., Palm Beach Gardens, FL 33410

Angela Calalang, MSPT, Vice President, 4363 Northlake Blvd., Palm Beach Gardens,

FL 33410

Dated August 12, 2011



Signature of a member or authorized representative of a member

James A. Farrell, authorized representative

Typed or printed name of signee

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