

L12000058911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

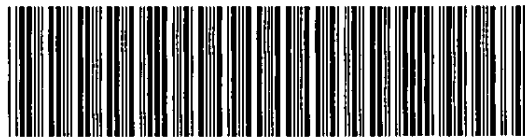
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
12 JUL 18 PM 4:18

RECEIVED  
SECRETARY OF STATE  
DIVISION OF REGISTRATION  
12 JUL 18 AM 9:35

JUL 19 2012

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 280525 3112D  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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ORDER DATE : July 18, 2012  
ORDER TIME : 3:58 PM  
ORDER NO. : 280525-005  
CUSTOMER NO: 3112D

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DOMESTIC AMENDMENT FILING

NAME: ONSITE PHYSIO, 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: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Onsite Physio, 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:

Christina M. Carry, Legal Assistant

Name of Person

Saul Ewing LLP

Firm/Company

1200 Liberty Ridge Drive Suite 200

Address

Wayne, PA 19087

City/State and Zip Code

ccarry@saul.com

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

For further information concerning this matter, please call:

Chris Carry

Name of Person

at ( 610 )

251-5070

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS  
12 JUL 18 AM 9:35

Onsite Physio, 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 May 2, 2012 and assigned  
Florida document number L12000058911

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:

111 Riverside Avenue

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32202

Enter new mailing address, if applicable:

111 Riverside Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32202

**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:

Specialized Workcomp Services, LLC

New Registered Office Address:

111 Riverside Avenue

*Enter Florida street address*

Jacksonville

Florida

32202

*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.*

By: [Signature]  
Specialized Workcomp Services, LLC  
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>
MGRM	Brian L. Barth	4276 Baltic Street Jacksonville, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Specialized Workcomp Services, LLC	111 Riverside Avenue Jacksonville, FL 32202	<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 July, 2012

Specialized Workcomp Services, LLC

By: 

Signature of a member or authorized representative of a member

Brian Barth

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

12 JUL 18 AM 9:35

SECRET  
INVESTIGATIVE DIVISION