

L12000059888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

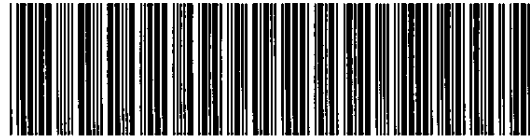
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/12--01013--015 **35.00

FILED
12 SEP -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP -6 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2012

MARCIA DORLUS
5333 N. DIXIE HWY
DEERFIELD BEACH, FL 33064

SUBJECT: HEALTHSOUTH REHAB LLC
Ref. Number: L12000059888

We have received your document for HEALTHSOUTH REHAB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00022564

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHSOUTH REHAB 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:

MARCIA DORLUS

Name of Person

HEALTHSOUTH REHAB LLC

Firm/Company

5333 N. Dixie HWY

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

HEALTHSOUTHREHAB@GMAIL.COM

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

For further information concerning this matter, please call:

MARCIA DORLUS

Name of Person

at 954, 708 2972

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

12 SEP -6 AM 8: 59

HEALTHSOUTH REHAB LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 5-3-12 and assigned
Florida document number 212000059888.

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

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	MICHAEL WEISS	5333 N. DIXIE HWY POMPANO BEACH, FL 33064	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TAMARA AUSTIN	5333 N. DIXIE HWY POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARCIA DORLUS	5333 N. DIXIE HWY POMPANO BEACH, FL 33064	<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 SEPTEMBER 6 2012



Signature of a member or authorized representative of a member

MARCIA DORLUS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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MGR	MARCIA DORLUS	5333 N. DIXIE HWY POMPANO BEACH, FL 33064	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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