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ADVANCED INJURY MEDICAL REHAB CENTER, LLC

4770 U.S. Highway 19,* New Port Richey, FL 34652 (727) 841-9998 Fax (727) 841-9848

August 20, 2003

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is an original form "Articles of Amendment to Articles of Organization" for Advanced Injury Medical Rehab Center, LLC.

Should you have any further questions, please do not hesitate to contact me at 727-542-5885. The current mailing address is listed on above letterhead.

Sincerely,

Rich Emandi

RE:mrm



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 26, 2003

RICH EMANDI ADVANCED INJURY MEDICAL REHAB CENTER 4770 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652

SUBJECT: ADVANCED INJURY MEDICAL REHAB CENTER, LLC

Ref. Number: L99000008259

We have received your document for ADVANCED INJURY MEDICAL REHAB CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 603A00048070

Division of Comparations DO ROY 6297 Wallahagas Florida 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Injury Medical Rehab Center, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was 11/30/1999.

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Effective upon receipt by Florida Department of State – Division of Corporations, Rao Neppalli is hereby removed from the position of Manager Member (MGRM).

DATED: August 20, 2003

Signature of a member or authorized representative of a member

Rich Emandi

Typed or printed name of signee

Filing Fee: \$25.00