

M00000002419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

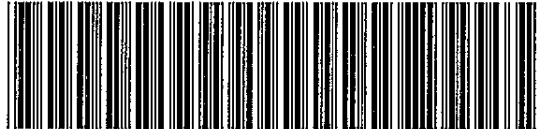
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

90470012392

Office Use Only



400028124404

02/24/04 --01003--010 **25.00

FILED

04 FEB 24 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 FEB 24 AM 11:21

DEPUTY SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]

CT CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 FEB 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6041366 SO
Customer Reference 1: 027188
Customer Reference 2: 0002

Dear Secretary of State, Florida:

Please file the attached:

Vestica Healthcare, LLC (WI)
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

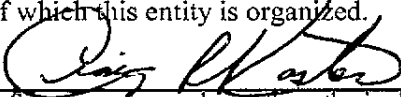
FILED
06 FEB 24 PM 12:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Doral USA, LLC
2. Jurisdiction of its organization: Wisconsin
3. Date authorized to do business in Florida: November 29, 2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? January 21, 2004
5. New name of the limited liability company: Vestica Healthcare, LLC
6. If the amendment changes the period of duration, indicate new period of duration:
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: The address of the principal office is 10201 North Port Washington Road, Mequon, WI 53092
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized
representative of a member

Craig R. Kasten, Manager
Typed or printed name of signee

Filing Fee: \$25.00

TEMPLATE
2-2000

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that an Amendment to the Articles of Organization was filed with this department on January 21, 2004 changing the name of DORAL USA, LLC to the present name of VESTICA HEALTHCARE, LLC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on February 20, 2004.

A handwritten signature in black ink, appearing to read 'Ray Allen'.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY:

A handwritten signature in black ink, appearing to read 'Cathy Mickelson'.

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.