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SECRETARY OF STATE
ALLAMASSEF, FI OPEN

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

W.P. Verifier ____

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

SECTION I (1-3 must be completed)

Jurisdiction of its organization: <u>DELAWARE</u>	
3. Date authorized to do business in Florida: DECEMBER 20, 2000	
SECTION II (4-7 complete only the applicable change	es)
4. If the amendment changes the name of the limited liability company, wh change effected under the laws of its jurisdiction of organization? <u>DECE</u>	
5. New name of the limited liability company: LANIER 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 by and the correction:	peing corrected
9. Attached is an original certificate, no more than 90 days old, evidencing amendment(s), duly authenticated by the official having custody jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member	
MARK D. READER Typed or printed name of signee	₩

Filing Fee: \$25.00

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FL007 - 1/21/2000 C T System Online

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LVS ACQUISITION, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LANIER HEALTHCARE, LLC", THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2000, AT 5 O'CLOCK P.M.

OT JAM 12 PM 2: 21
SEURLIAKY OF STATE
WALLAHASSEE, FLORIDA



Harriet Smith Windsor

Secretary of State

AUTHENTICATION: 0904925

DATE: 01-09-01

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