

09/12/2003 10:51 FAX

SPECTOR GADON & JOSEN

0002

Division of Corporations

Page 1 of 1

**MD30000002174**

**Florida Department of State**

**Division of Corporations**

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Fax Number : (850) 205-0383**

**From:**

**Account Name : SPECTOR GADON  
Account Number : I20030000027  
Phone : (215) 241-8893  
Fax Number : (215) 241-8844**

**FOREIGN LIMITED LIABILITY COMPANY**

**Florida Institute for Long Term Care ( ), LLC**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

*Handwritten signature/initials*

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SPECTOR GADON & ROSEN

0003

Department of State 9/12/2003 10:01 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 12, 2003

FLORIDA INSTITUTE FOR LONG TERM CARE, LLC  
100 SECOND AVENUE SOUTH, SUITE 9018  
ST. PETERSBURG, FL 33701

SUBJECT: FLORIDA INSTITUTE FOR LONG TERM CARE, LLC  
REF: M03000002174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the company on our records is "FLORIDA INSTITUTE FOR LONG TERM CARE, LLC". Please correct the document.

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) 245-6025.

Trevor Brumley  
Document Specialist

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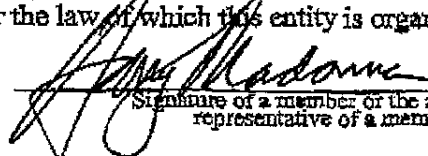
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**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: Florida Institute for Long Term Care, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 2, 2003

**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? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_
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: see attached Exhibit A
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 the entity is organized.



Signature of a member or the authorized  
representative of a member

Harry Dillon Madonna

Typed or printed name of signer

Filing Fee: \$25.00

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Exhibit A

The name and address of the Manager is hereby changed as follows, effective immediately:

Harry Dillon Madonna, Esquire  
Spector Gadon & Rosen, PC  
PO Box 10867  
St. Petersburg, FL 33733-0867

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