

MU5000001917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

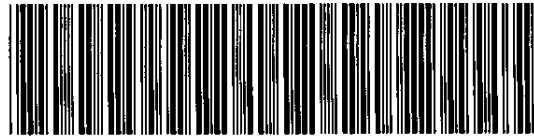
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
10 MAR - 1 AM 11:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR - 1 PM 1:15

B. KOHR

MAR - 1 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 297186 7157078
AUTHORIZATION : [Signature]
COST LIMIT : \$ 25.00

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ORDER DATE : February 25, 2010
ORDER TIME : 4:35 PM
ORDER NO. : 297186-005
CUSTOMER NO: 7157078

FOREIGN FILINGS

NAME: MCZ/CENTRUM FLORIDA XI, L.L.C.

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 1 PM 1:15

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: MCZ/Centrum Florida XI, L.L.C.
2. Jurisdiction of its organization: Illinois
3. Date authorized to do business in Florida: 4/12/2005

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: RHCA Boynton Florida, L.L.C.
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "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: _____

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

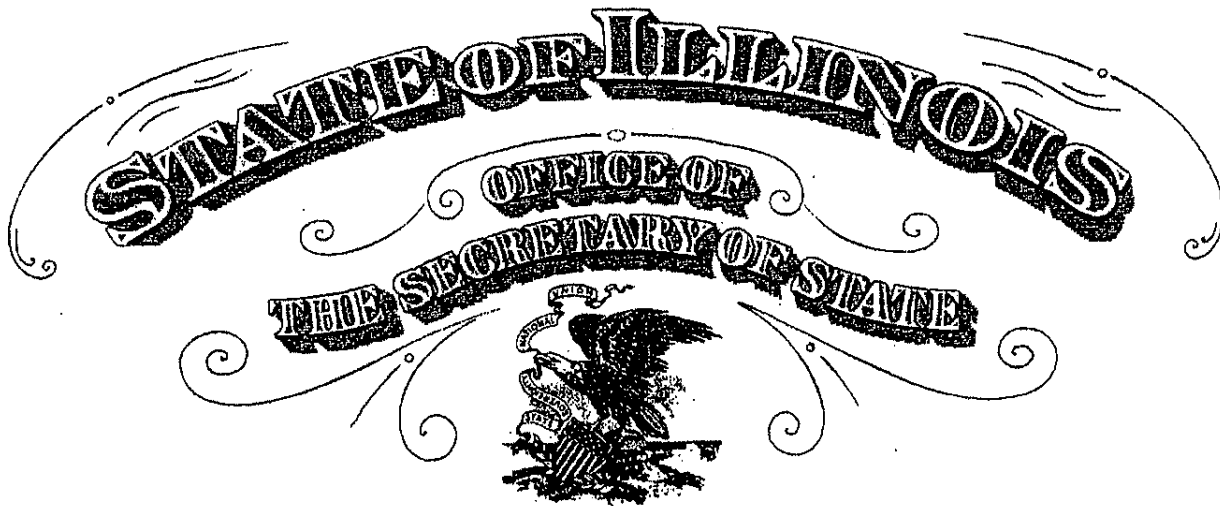
Arthur Slaven

Typed or printed name of signee

Filing Fee: \$25.00

File Number

0147307-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RHCA BOYNTON FLORIDA, L.L.C., A DOMESTIC LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THIS STATE APRIL, 4, 2005, (COMPANY NAME CHANGED FROM MCZ/CENTRUM FLORIDA XI, L.L.C. ON MARCH 19, 2009), APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE ILLINOIS LIMITED LIABILITY COMPANY ACT AND AS OF THIS DATE IS IN GOOD STANDING AS AN ILLINOIS LIMITED LIABILITY COMPANY. *****



In Testimony Whereof, I hereto set
*my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of FEBRUARY A.D. 2010*

Jesse White

Authentication #: 1005701015

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE