

M06000004829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

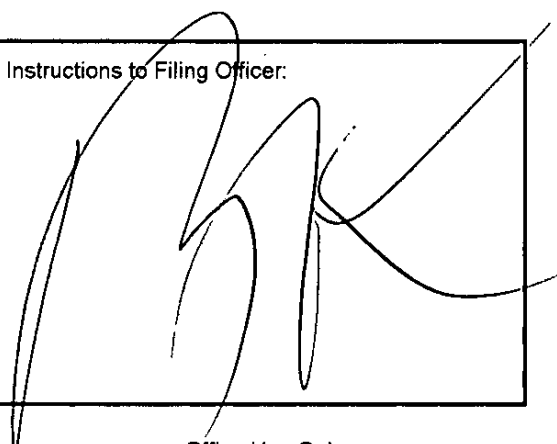
PICK-UP     WAIT     MAIL

(Business Entity Name)

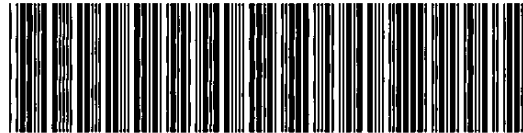
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06 NOV 28 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 NOV 28 PM 3:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 610076 7532699

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 25.00

FILED  
06 NOV 28 AM 9:11  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

ORDER DATE : November 20, 2006

ORDER TIME : 12:34 PM

ORDER NO. : 610076-055

CUSTOMER NO: 7532699

FOREIGN FILINGS

NAME: JACKSON ALLIED STAFFING, LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT#

EXAMINER: \_\_\_\_\_

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

**FILED**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
06 NOV 28 AM 9:41

**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: JACKSON ALLIED STAFFING, LLC
2. Jurisdiction of its organization: GEORGIA
3. Date authorized to do business in Florida: APRIL 1, 2006

**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? September 27, 2006
5. New name of the limited liability company: JACKSON THERAPY PARTNERS, 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

RICHARD L. JACKSON

Typed or printed name of signee

**Filing Fee: \$25.00**

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 064112250  
PRINT DATE : 11/22/2006  
FORM NUMBER : 218

AXIS RESEARCH, INC.  
DAVID HOLCOMB  
900 OLD ROSWELL LAKES PKWY SUITE 310  
ROSWELL GA 30076

**CERTIFICATE OF FACT**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of

**Effective September 27, 2006, JACKSON ALLIED STAFFING, LLC, a domestic profit limited liability company, has filed articles/certificate of amendment in the Office of the Secretary of State changing its name to JACKSON THERAPY PARTNERS, LLC**

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



A handwritten signature in black ink, appearing to read 'Cathy Cox', is written over the printed name.

Cathy Cox  
Secretary of State

Control No. 0618074

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **JACKSON THERAPY PARTNERS, LLC**

##### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 02/24/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of November, 2006

A handwritten signature in cursive script that reads 'Cathy Cox'.

Cathy Cox  
Secretary of State