

M 07000004725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

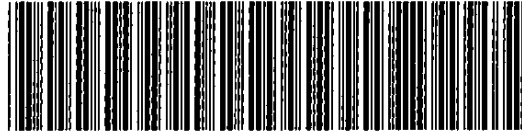
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/01/08--01015--002 \*\*25.00

RECEIVED  
08 FEB -1 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
08 FEB -1 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 1 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 02/01/08

**REF. #:** 000177.80826

**CORP. NAME:** REHAB CLINICS OF AMERICA, LLC

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TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 524588 **FOR \$** 25.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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

**FILED**  
08 FEB - 1 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:

**REHAB CLINICS OF AMERICA, LLC (the "Company")**

2. The Company was filed in Georgia on June 5, 2007.

3. The Company was authorized to do business in Florida on August 3, 2007.


4. The amendment changing the name of the Company was filed in with the Georgia Secretary of State on January 28, 2008.

5. The new name of the Company is:

**REHAB CLINICS OF FLORIDA, LLC**

6. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment, duly authenticated by the official having custody of records in the jurisdiction under the laws of which this entity is organized.

Dated: January 28, 2008.

  
\_\_\_\_\_  
Kristopher Taylor Barberio, D.C.,  
Authorized Representative

# STATE OF GEORGIA

**Secretary of State**

**Corporations Division**

**315 West Tower**

**#2 Martin Luther King, Jr. Dr.**

**Atlanta, Georgia 30334-1530**

## **CERTIFICATE OF AMENDMENT NAME CHANGE**

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

**REHAB CLINICS OF AMERICA, LLC**

**a Domestic Limited Liability Company**

has filed articles/certificate of amendment in the Office of the Secretary of State on **01/28/2008** changing its name to

**REHAB CLINICS OF FLORIDA, LLC**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on January 28, 2008



**Karen C Handel**  
Secretary of State



Karen C. Handel  
Secretary Of State

Office Of The Secretary Of State  
Corporations Division

Articles Of Amendment  
To Articles of Organization

2008 JAN 28 PM 4:46

SECRETARY OF STATE  
CORPORATIONS DIVISION

**Article One**

The Name Of The Limited Liability Company Is:

REHAB CLINICS OF AMERICA, LLC

**Article Two**

The Date The Articles Of Organization Were Filed Was:

June 5, 2007

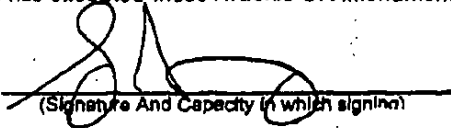
**Article Three**

The Limited Liability Company Hereby Adopts The Following Amendment To Change The Name  
Of The Organization. The New Name Of The Organization Is:

REHAB CLINICS OF FLORIDA, LLC

IN WITNESS WHEREOF, the undersigned has executed these Articles Of Amendment

On January 15 2008  
(Date)

  
(Signature And Capacity In Which Signed)  
Guy Amunziata, D.C.

Form CD 110

State of Georgia  
Expedite Name Change 1 Page(s)



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