

NOV 000007 1977

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEARTLAND THERAPY PROVIDER NETWORK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2020 APR -7 PM 2:57

2020 APR -7 AM 2:56
SECRETARY OF STATE
TALLahassee, FL 32309

FILED

FILED
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2007 APR -7 AM 9:56

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Heartland Therapy Provider Network, LLC

Enter new principal office address, if applicable: 554 Kingsley Avenue

(Principal office address MUST BE A STREET ADDRESS)

Orange Park, FL 32073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

554 Kingsley Avenue

Orange Park, FL 32073

2. The Florida document number of this limited liability company is: M07000007197

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/11/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: H2 Therapy Provider Network, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Cogency Global, Inc.

New Registered Office Address: 115 N. Calhoun Street, Suite 4

Enter Florida Street Address

Tallahassee

City

Florida 32301

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

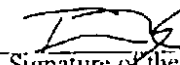
Merritt Walker Merritt Walker, Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>H2 Holdco, Inc.</u>	<u>554 Kingsley Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park, FL 32073</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>HCR Healthcare, LLC</u>	<u>333 N. Summit Street</u>	<input type="checkbox"/> Add
		<u>Toledo, OH 43604</u>	<input checked="" type="checkbox"/> Remove
<u>P/S</u>	<u>Guy Sansone</u>	<u>554 Kingsley Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park, FL 32073</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Timothy Hughes</u>	<u>554 Kingsley Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park, FL 32073</u>	<input type="checkbox"/> Remove
<u>CTO</u>	<u>Phil Talmas</u>	<u>554 Kingsley Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park, FL 32073</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Timothy Hughes
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "HEARTLAND THERAPY PROVIDER NETWORK, LLC", CHANGING ITS NAME FROM "HEARTLAND THERAPY PROVIDER NETWORK, LLC" TO "H2 THERAPY PROVIDER NETWORK, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF FEBRUARY, A.D. 2020, AT 3:14 O'CLOCK P.M.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

837701 8100
 SR# 20200763572

Authentication: 202317748
 Date: 02-04-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:14 PM 02/03/2020
FILED 03:14 PM 02/03/2020
SR 20200763572 File Number 837701

**AMENDED AND RESTATED
CERTIFICATE OF FORMATION**

OF

HEARTLAND THERAPY PROVIDER NETWORK, LLC

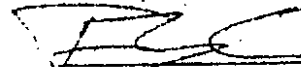
This Amended and Restated Certificate of Formation of Heartland Therapy Provider Network, LLC (the "Company"), has been duly executed and is being filed by the undersigned, as an authorized person, in accordance with the Delaware Limited Liability Company Act (6 Del. C. § 18-208), to amend and restate the original Certificate of Formation of the Company, which was filed under the name "Heartland Therapy Provider Network, LLC" on October 29, 2007 with the Secretary of State of the State of Delaware, as heretofore amended (the "Certificate").

The Certificate is hereby amended and restated in its entirety to read as follows:

1. The name of the limited liability company is H2 Therapy Provider Network, LLC.
2. The address of the registered office of the Company in the State of Delaware and the name and address of the registered agent of the Company required to be maintained by Section 18-104 of the Act at such address are as follows:

Cogency Global Inc.
850 New Burton Road, Suite 201
Kent County
Dover, Delaware 19904

IN WITNESS WHEREOF, the undersigned, being an authorized person within the meaning of Section 18-201(a) of the Act, has executed this Amended and Restated Certificate of Formation this 3rd day of February, 2020.



Tim Hughes, Authorized Person