

1108000003008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

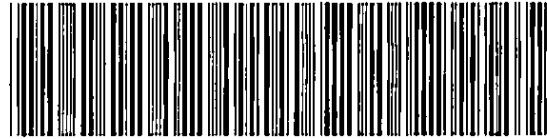
(Business Entity Name)

(Document Number)

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

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2019 FEB -4 A 5:09

19 FEB -4 AM 10:51

2019 FEB -4

also as



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 02/01/2019

Name: Chris Vick

Reference #: 1037833

Entity Name: SUNCREST OUTPATIENT REHAB SERVICES LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40TH ST, 10TH FL  
NY NY 10016  
D: +1.212.947.7200  
P: 800.721.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTER #01677  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC6N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
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**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: SUNCREST OUTPATIENT REHAB SERVICES, LLC

Enter new principal office address, if applicable: 901 HUGH WALLIS ROAD SOUTH

(Principal office address  
MUST BE A STREET ADDRESS)

LAFAYETTE, LA 70508

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

901 HUGH WALLIS ROAD SOUTH

LAFAYETTE, LA 70508

2. The Florida document number of this limited liability company is: M08000003008

3. Jurisdiction of its organization: TENNESSEE

4. Date authorized to do business in Florida: 06/24/2008

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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.*

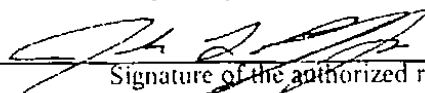
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Donald D. Stelly</u>	<u>901 HUGH WALLIS ROAD SOUTH</u>	<input checked="" type="checkbox"/> Add
		<u>LAFAYETTE, LA 70508</u>	<input type="checkbox"/> Remove
<u>Vice President</u>	<u>Joshua L. Proffitt</u>	<u>901 HUGH WALLIS ROAD SOUTH</u>	<input checked="" type="checkbox"/> Add
		<u>LAFAYETTE, LA 70508</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>LHC Group, Inc.</u>	<u>901 HUGH WALLIS ROAD SOUTH</u>	<input checked="" type="checkbox"/> Add
		<u>LAFAYETTE, LA 70508</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>SUNCREST HEALTHCARE INC.</u>	<u>9510 Ormsby Station Road SUITE 300</u>	<input type="checkbox"/> Add
		<u>Louisville, KY 40223-5016</u>	<input checked="" type="checkbox"/> Remove
	<u>Guenthner, C. Steven</u>	<u>9510 Ormsby Station Road SUITE 300</u>	<input type="checkbox"/> Add
		<u>Louisville, KY 40223-5016</u>	<input checked="" 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

Joshua L. Proffitt  
Typed or printed name of signee

Filing Fee: \$25.00