m08000003534

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Ac | ldress) | | | | |
| | | | | | |
| (Ac | ldress) | | | | |
| (Ci | ty/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| · (Bt | usiness Entity Nam | e) | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | _ | | | |
| WOSCOOC | 143625 | 5 | | | |

Office Use Only



600135518786

09/18/08--01033--007 **43.75

FILED

08 OCT 6 PM 3: 23

SECRETARY OF STATE

NIT ATTACKS

TALL

T

D. BRUCE

OCT 0 8 2008

EXAMINER

COVER LETTER

| TO: Registration Division of C | | | | | |
|--|----------------------------------|---|---------------------|--|-----------------|
| SUBJECT: Stone | eCo A, LLC (Name of Foreign I | Limited Liab | ility Compan | ny) | |
| Dear Sir or Madam: | | | | | |
| The enclosed applica | ation, certificate and fee(s) | are submitted | d for filing. | | |
| Please return all corn | respondence concerning thi | is matter to th | ne following: | | |
| S. Papoulis | | | | | |
| | (Name of Person) | | | | |
| Allied Health G | roup. LLC | | | | |
| | (Firm/Company) | | | TAL SE |) } |
| 6551 Park of C | ommerce Blvd | | | <u>`</u> ⊢Ω | = |
| | (Address) | | | ma | |
| Boca Raton, Fl | L 33487 | | | FLOI | ⊋ .□ 3: 23 |
| | (City/State and Zip Code | | | AGE 1 | ` <u>`</u> သ |
| For further informati | ion concerning this matter, | please call: | | | |
| S. Papoulis | a | t (800 | 440-564 | 11 | |
| (Nam | | | Daytime To | elephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check | for the following amount | : | | | |
| \$25 Filing Fee | | □\$55 Fill Certified | ing Fee & I Copy | \$60 Filing Fee, Certificate of Status | s & |



September 19, 2008

STEPHANIE PAPOULIS CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487

SUBJECT: STONE CO A, LLC Ref. Number: M08000003536

We have received your document for STONE CO A, LLC and your check stotaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 208A00050835

Division of Corporations PO ROY 6327 Tallahaggas Florida 33214

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

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: StoneCo A, LLC | |
|-------------------------|---|--------|
| 2. | Jurisdiction of its organization: Delaware | |
| 3. | Date authorized to do business in Florida: 7/28/08 | |
| | 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? 9/10/08 | |
| 5. | New name of the limited liability company: (must end with "Limited Liability Company," "L.L.C. 300 LL 300 | |
| Δ1 | llied Health Group, LLC | |
| (If Flo the or | Finame unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.C." "LLC.") If the amendment changes the period of duration, indicate new period of duration: | FILED |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | |
| | If the amendment corrects any false statement, indicate the statement being corrected and th correction: | e |
| 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 | iction |
| | Susan E. Ball | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "STONECO A, LLC.", CHANGING ITS NAME FROM "STONECO A, LLC." TO "ALLIED HEALTH GROUP, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF SEPTEMBER, A.D. 2008, AT 5:20 O'CLOCK P.M.

4563362

080943635

8100 verify this certificate online delaware.gov/authver.shtml Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6844915

DATE: 09-11-08

State of Delaware Secretary of State Dividion of Corporations Delivered 05:20 PM 09/10/2008 FILED 05:20 PM 09/10/2008 SRV 080943635 - 4563362 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF THE ARTICLES OF ORGANIZATION

OF

STONECO A, LLC.

Under Section 18-202 of the Delaware Limited Liability Company Law

- 1. The name of the limited liability company is StoneCo A, LLC., (the "Company").
- 2. The Articles of Organization of the Company were filed by the Department of State on June 18, 2008.
- 3. The Articles of Organization of the Company are amended to change the name of the Company to Allied Health Group, LLC.
- 4. To accomplish the foregoing Article FIRST of the Articles of Organization, relating to the name, is hereby amended to read as follows:

"FIRST: The name of the limited liability company is:

"Allied Health Group, LLC"

this 10th day of 5 the bear, 2008.

Name: Susan E. Ball

Title: Secretary

PILED

B OCT -6 PM 3: 2

SECRETARY OF STAT

Error! Unknown document property name.