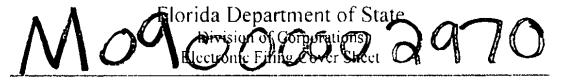
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Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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C. BRUMBLEY

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Help

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	s on the records of the Florida De	partment of	
State: GENOA HEALTHCARE LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			21
Enter new mailing address, if applicable:			022 APR
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			$\overline{\omega}$
2. The Florida document number of this limited lia	ability company is: M0900000297	0	2i 3x
3. Jurisdiction of its organization: PENNSYLVAN	NIA		ىد د
4. Date authorized to do business in Florida: 07/3	1/2009		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	st contain "Limited Liability Com	pany, ""L.L.C.," or "LLC.	ָר <u>י</u>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	The substitute in the property and property and pro-	isiness in Florida and attach ernate name. The alternate n	a ame
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records address here:	enter the name of the new	
Name of New Registered Agent:			•
New Registered Office Address:	Enter Florida	Street Address	=
	City	, Florida Zip Code	-
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as registered document is being filed to merely reflect a change liability company has been notified in writing of	ert and agree to det it in exper er and complete performance of m stered agent as provided for in Cl e in the registered office address,	conter 605 F.S. Or. if this	

If Changing Registered Agent, Signature of New Registered Agent

			,	
Title/ Capacity	Name	Address	Type of Action	
Manager	DOUGLAS, JOSEPH S.	707 S GRADY WAY #700		
		RENTON, WA 98057	□Remov	
Secretary	BOHM, KAREN E	707 S GRADY WAY #700	□Add	
		RENTON, WA 98057	ZiRemov	
Secretary	BOHMER, KAREN E	707 S GRADY WAY #700	ØAdd	
		RENTON, WA 98057	□Remov	
Manager	SASSANG, DANIEL	704 SOUTH SOUTHERLAND AVE	□Add	
		MONROE, NC 28112		
Manager	MOMAHAN, MICHAEL K	2052 GLENEAGLES DR	□Add	
		GASTONIA, NC 28056	@Remov	
aforementic	under the law of which this cutty is	ed by the official institute custody of records at a	e	
	Signatu	re of the authorized representative		

Filing Fee: \$25.00