

70900004040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

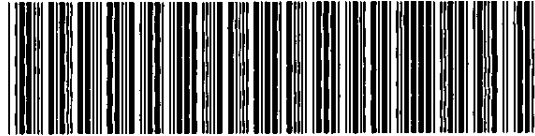
(Document Number)

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B. KOHR  
NOV - 1 2011  
EXAMINER



400213645714

RECEIVED  
11 NOV - 1 AM 10:45  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV - 1 PM 1:04



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 963179 4354503

AUTHORIZATION :

COST LIMIT : \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV - 1 PM 1:04

ORDER DATE : October 31, 2011

ORDER TIME : 5:04 PM

ORDER NO. : 963179-015

CUSTOMER NO: 4354503

FOREIGN FILINGS

NAME: AIRAMID HEALTH MANAGEMENT LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Airamid Health Management LLC  
(Name of Foreign Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV -1 PM 1:04

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Arno  
(Name of Person)

c/o DLA Piper LLP (US)  
(Firm/Company)

1251 Avenue of the Americas  
(Address)

New York, NY 10020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Howe at ( 561 ) 801-7600  
(Name of Person) (Area Code & Daytime Telephone 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      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

FILED  
SECRETARY OF STATE  
NOV - 1 PM 1:04  
CORPORATIONS

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: Airamid Health Management LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/13/2009

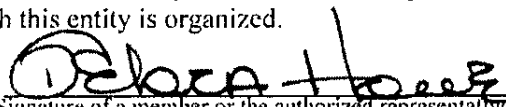
SECTION II (4-7 complete only the applicable changes)

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? 10/31/2011
5. New name of the limited liability company: Airamid Health Services LLC  
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a

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

Debra Howe

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AIRAMID HEALTH MANAGEMENT LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AIRAMID HEALTH SERVICES LLC", THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2011, AT 12:58 O'CLOCK P.M.

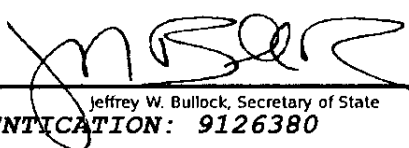
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4717785 8320

111152410

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9126380

DATE: 10-31-11