

M 1100003459
Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED HEALTH CARE PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

File 2nd

D. BRUCE

SEP 30 2011

EXAMINER

RECEIVED
11 SEP 29 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Advanced Health Care Partners LLC M11000003459
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 8, 2011

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? September 22, 2011
5. New name of the limited liability company: Laser Spine Institute Consulting 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:

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

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

WILLIAM E. HORNE
Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE SAID "ADVANCED HEALTH CARE PARTNERS LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LSI CONSULTING LLC", ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2011, AT 5:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "LSI CONSULTING LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LASER SPINE INSTITUTE CONSULTING LLC", ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2011, AT 3:34 O'CLOCK P.M.

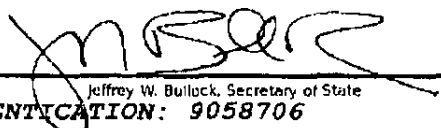
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LASER SPINE INSTITUTE CONSULTING LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

5005037 8321

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9058706

DATE: 09-28-11