

712480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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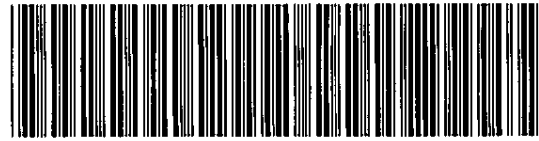
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 384961 7864759

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : November 19, 2014

ORDER TIME : 1:28 PM

ORDER NO. : 384961-005

CUSTOMER NO: 7864759

FOREIGN FILINGS

NAME: LIFE CARE CENTERS OF AMERICA,
INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Joan E. Thurmond, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Life Care Centers of America, Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Tennessee,
(State or Country)

was adopted on 11/18/2014 withdrawing the alternate

name of Life Care Centers of America, Inc. of Tennessee
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 11/18/2014

Joan E. Thurmond
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Assistant Secretary
Title of person signing

14 NOV 19 AM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FILING FEE \$35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314