Florida Department of State

Division of Corporations Public Access System

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OR AMND/RESTATE/CORRECT OR O/D RESIGN

NORTH AMERICAN ADMINISTRATORS, INC.

| Certificate of Status | 0 |
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MANIC.

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607,1504, F.S.)

SECTION I

| | (1-3 MUST BE COMPLE | (TED) | | | |
|--|------------------------------------|--|--------------|---------|---|
| | | | ∑ લું | 8 | |
| | F02000006078 | | | 06 APR | |
| | Ocument number of corporatio | n (if known) | \$ | ઋં | |
| | | | SSA | | |
| 1, | NORTH AMERICAN ADMIN | | 100 C | 辛 | |
| (Name of corporat | tion as it appears on the records | s of the Department of State) | 7,0 | | t |
| new York State | 1 | DECEMBER 6, 2002 (Date authorized to do business in) | 9 7 | r. Ö | • |
| (Incorporated under laws | | (Date authorized to do business in | हान्त्रकी | 10 | _ |
| | | | | | |
| (4.7 cox | SECTION II MPLETE ONLY THE APPLIC | 'ARI E CHANCES) | | | |
| (4-7 60) | THE E ONLY THE ATTEC | ADDE CHANGES | | | |
| 4. If the amendment changes the name of | the corporation, when wa | s the change effected under the | laws of | | |
| its jurisdiction of incorporation? FEB | RUARY 17, 2006 | | | | |
| | AIN HEALTH, INC. | | | | |
| Name of cornoration after the amenda | nent, adding suffix "corpo | ration." "company," or "incorp | orated," | or | _ |
| appropriate abbreviation, if not contain | ined in new name of the co | orporation) | | | |
| | | | | | |
| (If new name is unavailable in Florida, business in Florida) | enter alternate corporate n | name adopted for the purpose of | transaci | ting | |
| 5. If the amendment changes the period o | f duration, indicate new p | eriod of duration. | | | |
| | NT/4 | | | | |
| | N/A (New duration) | | | | |
| 7. If the amendment changes the jurisdict | ion of incorporation, indic | cate new jurisdiction. | | | |
| - | N/A | - | | | |
| | (New jurisdiction) | | | | |
| 6 1 8 | • | | | | |
| andra Ex | han officer if in the honds | _ | | | |
| (Signature of a director, president or of of a receiver or other court appointed | fiduciary, by that fiduciary) | | | | |
| andrea balog | | SENIOR VICE PRESIDI | | | |
| (Typed or printed name | (Title of person sign | iing) | | | |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MERITAIN HEALTH, INC. was filed on 01/06/1986, under the name of NORTH AMERICAN ADMINISTRATORS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment NORTH AMERICAN ADMINISTRATORS, INC., changing its name to MBRITAIN HEALTH, INC., was filed 02/17/2006.



Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of March two thousand and six.

Daniel Shapiro

Special Deputy Secretary of State

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