(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT .	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
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13 FEB 13 AM II: 07



2/13/13



ACCOUNT NO. : 12000000195				
REFERENCE : 526845 4352697				
AUTHORIZATION :				
COST LIMIT : \$135.00				
ORDER DATE : 02-12-13				
ORDER TIME : 4:36 PM				
ORDER NO. : 526845-015				
CUSTOMER NO: 4352697				
FOREIGN FILINGS				
NAME: COMPETITIVE HEALTH ANALYTICS, 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: Susie Knight EXT#				
EXAMINER:				

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Competitive Health Analyti	ics, Inc.
·	of Corporation)
DOCUMENT NUMBER: F11000000242	2
The enclosed Amendment and fee are submi	tted for filing.
Please return all correspondence concerning	this matter to the following:
Jennifer Webb	
(Name of Contact Person)	
Humana Inc.	
(Firm/Company)	
500 West Main Street	
(Address)	
Louisville, KY 40202	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Jennifer Webb	at (502) 580-3777 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 COMPLETED)			FEB 13 PM		
F1100	00000242		တွင်း သ		
	(Document number of corporation (if known	own)	THE B		
1 COMPETITIVE HEALTH AN	ALYTICS, INC.		F S T		
(Name of corpo	ration as it appears on the records of the	Department of State)	Ort F		
2. ILLINOIS	3.1/19/2				
(Incorporated under law	's of) (Date	e authorized to do business	s in Florida)		
(4-7 C	SECTION II OMPLETE ONLY THE APPLICABLE	CHANGES)			
4. If the amendment changes the name	of the corporation, when was the c	change effected under	the laws of		
its jurisdiction of incorporation? 2/	1/13	_ _			
5. COMPREHENSIVE HEALTH					
(Name of corporation after the amen appropriate abbreviation, if not con	dment, adding suffix "corporation, tained in new name of the corpora	," "company," or "inc tion)	orporated," or		
(If new name is unavailable in Florid business in Florida)	a, enter alternate corporate name a	idopted for the purpose	e of transacting		
6. If the amendment changes the period	l of duration, indicate new period of	of duration.			
	(New duration)				
7. If the amendment changes the jurisd	iction of incorporation, indicate ne	w jurisdiction.			
***************************************	(New jurisdiction)		•		
(Signature of a director, president of	r other officer - if in the hands	•			
of a Veceiver or other court appointed Joan O. Lenahan	ed fiduciary, by that fiduciary)	Corp. Sec. & VF	>		
	ame of person signing)	(Title of person			

File Number

6262-138-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2013

ب به

Authentication #: 1304201367

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE