

Document Number Only

M96000000459

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

700002192807--5  
-05/28/97--01025--006  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

CORPORATION(S) NAME

*Name Change*

*Mergenco PAID, L.L.C.*

*changing its name to:*

*PAID Prescriptions, L.L.C.*

FILED  
97 MAY 28 AM 11:21  
TALLAHASSEE, FL  
SECRETARY OF STATE

- Profit
- NonProfit
- Limited Liability Co.
- Foreign
- Amendment
- Dissolution/Withdrawal
- Mark
- Merger
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Other ucc Filing
- Change of R.A.
- Fic. Name
- CUS
- After 4:30
- Pick Up

Name	
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5-20

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

**SECTION I (1-3 must be completed)**

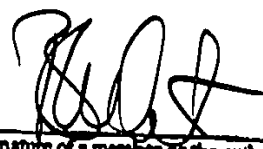
1. Name of limited liability company as it appears on the records of the Department of  
State: Mergerco PAID, L.L.C.
2. Jurisdiction of its organization: Nevada
3. Date authorized to do business in Florida: November 20, 1996

97 MAY 20 11 21 AM  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

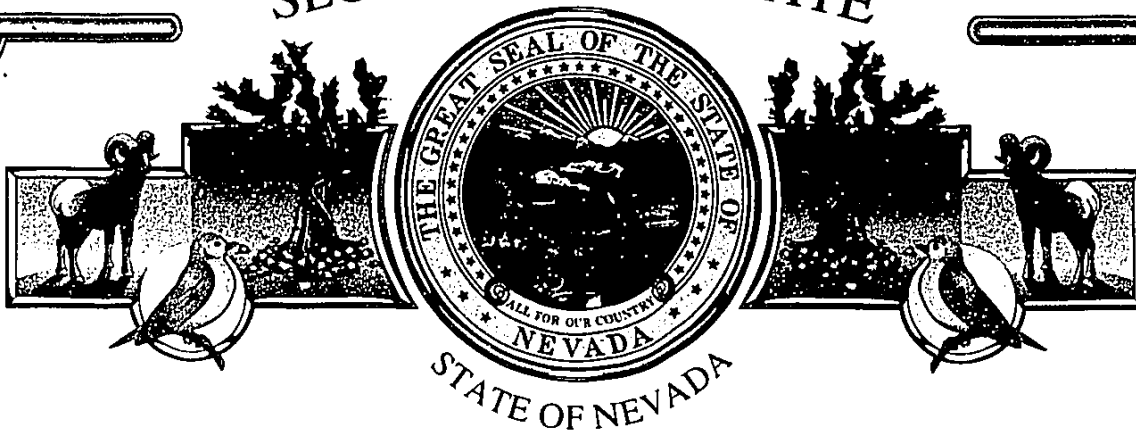
**SECTION II (4-7 complete only the applicable changes)**

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? 12/30/96
5. New name of the limited liability company: PAID Prescriptions, L.L.C.  
(Name must end with the words "limited company" or the abbreviation "L.C." if not so  
contained in the name at present.)
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:  
\_\_\_\_\_

5/13/97  
Date

  
\_\_\_\_\_  
Signature of a member of the authorized  
representative of a member  
Bert I. Weinstein, Manager  
\_\_\_\_\_  
Typed or printed name

# SECRETARY OF STATE



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that there was filed in this office on December 11, 1996

ARTICLES OF MERGER  
merging  
PAID PRESCRIPTIONS, INC.  
(A NEVADA CORPORATION)  
into  
MERGERCO PAID, L.L.C.  
(A NEVADA LIMITED-LIABILITY COMPANY)  
changing the name to  
PAID PRESCRIPTIONS, L.L.C.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the Great Seal of State, at my office, in  
Carson City, Nevada, on May 16, 1997.



*Dean Heller*  
Secretary of State  
By *Donna Smith*  
Certification Clerk