Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

COR AMND/RESTATE/CORRECT OR O/D RESIGN

FISERV HEALTH PLAN ADMINISTRATORS, INC.

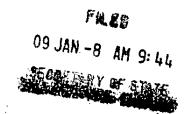
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Corporate Filing Menu

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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)

F000	000003464
(Document number	of corporation (if known)
1 Fisery Health Plan Administrators, Inc.	
(Name of corporation as it appears of	on the records of the Department of State)
2. Delaware	3, 06/19/2000
(Incorporated under laws of)	(Date authorized to do business in Florida)
	CTION II THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporatio	n, when was the change effected under the laws of
its jurisdiction of incorporation? 12/31/2008	
5, UMR, Inc.	
(Name of corporation after the amendment, adding su appropriate abbreviation, if not contained in new na	affix "corporation," "company," or "incorporated," or me of the corporation)
(If new name is unavailable in Florida, enter alternate business in Florida)	corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, ind	icate new period of duration.
{Nov	v duration)
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdiction.
New	jurisdiction)
	rt, evidencing the amendment, authenticated not more than partment of State, by the Secretary of State or other official n under the laws of which it is incorporated.
(Signature of a director, president or other officer - if in of a receiver or other court appointed fiduciary, by that	the hands fiduciary)
Juanita B. Luis	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FLEZI - 04/22/2007 C T Filing Manager Chile-

: 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY THAT THE SAID "FISERY HEALTH PLAN ADMINISTRATORS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "UMR, INC.", THE NINETEENTH DAY OF DECEMBER, A.D. 2008, AT 7:05 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2008, AT 11:58 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FISERV HEALTH PLAN ADMINISTRATORS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 2000.

090016684

You may verify this cartificate onl at corp.dolevare.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7070355

DATE: 01-08-09