F01000000804

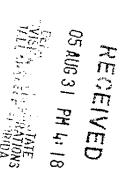
| (Rec | questor's Name |) |
|---------------------------|------------------|-------------|
| (Add | lress) | <u></u> |
| (Add | lress) | |
| (City | //State/Zip/Phon | ne #) |
| | ☐ WAIT | <u>-</u> |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000058991900

05 AUG 31 PM 4: 29 SEGRETARY OF STATE ALLAHASSEE, FLORE



N.C. COLHHARTER AUG 3 1 2905



| ACCOUNT NO. : 072100000032 | | | | | |
|--|--|--|--|--|--|
| REFERENCE : 563357 7262641 | | | | | |
| AUTHORIZATION : Tataria with | | | | | |
| COST LIMIT : \$ 35.00 | | | | | |
| | | | | | |
| ORDER DATE: August 25, 2005 | | | | | |
| ORDER TIME : 3:56 PM | | | | | |
| ORDER_NO. : 563357-035 | | | | | |
| CUSTOMER NO: 7262641 | | | | | |
| CUSTOMER: Zimri Del Pino Amicas, Inc. Suite 200 20 Guest Street Brighton, MA 02135 | | | | | |
| FOREIGN FILINGS | | | | | |
| NAME: VITALWORKS INC. | | | | | |
| XX PROFIT CORPORATE | | | | | |
| XXXX AMENDMENT | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | |
| CONTACT PERSON: Sara Lea EXT# 2914 | | | | | |
| EYAMINED. | | | | | |

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.)

| | | (Pursuant to s. | 607.1504, F.S.) | 1 | |
|---|--|---|----------------------|---------------------|---|
| | Fo | | TION I COMPLETED) | | FILED 05 AUG 31 PH SEGRETARY OF A TALLAHYSSEE FI |
| | (Doc | cument number of | corporation (if kno | wn)) | 4: 2: |
| 1 | | VitalWorks | Inc. | | · · · · · · · · · · · · · · · · · · · |
| ۸۰ | (Name of corporation | | | Department of State | e) |
| 2(Inco | Delaware rporated under laws of) | <u>, , , , , , , , , , , , , , , , , , , </u> | 3-February | | mended Feb. 12,2002 |
| | | SECTI PLETE ONLY TH | E APPLICABLE (| ŕ | |
| 4. If the amendment cha | anges the name of the | corporation, wh | nen was the char | nge effected un | der the laws of |
| its jurisdiction of inc | orporation? | January 3, | 2005 | | |
|] | | <u> </u> | | · | |
| 5. (Name of corporation appropriate abbrevi | n after the amendment ation, if not contained | AMICAS, I t, adding suffix i in new name or | "corporation." ' | "company," or 'n) | 'incorporated," or |
| | | מ/זמ | | | |
| (If new name is unavabusiness in Florida) | iilable in Florida, ente | er alternate corp | orate name adop | pted for the pur | pose of transacting |
| 6. If the amendment cha | anges the period of du | iration, indicate | new period of d | luration. | , |
| | | N/A | | | |
| | | (New di | uration) | | |
| 7. If the amendment cha | anges the jurisdiction | of incorporation | n, indicate new j | jurisdiction. | |
| | | N/A | isdiction) | | |
| V | DHVP | (ivew jui | isuiction) | _ ^ | |
| X | \$1 | A | _ | me 3 | <u> 3007 </u> |
| /Signaturd of a di of a receiver or o | rector, president or other other court appointed fiduc | officer - if in the ha ciary, by that fiduci | ands ary) | (Da | te) |
| , | Stephen L. Hi | | <u> </u> | VP & Genera | |
| (1 | Typed or printed name of | person signing) | | (Title of pe | rson signing) |

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VITALWORKS INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO "AMICAS, INC.", THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2004, AT 11:18 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE THIRD DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

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.

Warriet Smith Windson

AUTHENTICATION: 4119919

DATE: 08-26-05

2684631 8320

050707562