Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000310113 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (\$50)222-1092

Phone Fax Number

: (850)222-9428

## **BASIC AMENDMENT**

### PROVIDER HEALTHNET SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Washonia Filing Manu

Concorate Filing

Aublic Access Wale

https://efile.sunbiz.org/scripts/efilcovr.exe

11/4/03



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 4, 2003

PROVIDER HEALTHNET SERVICES INC. 15851 DALLAS PARKWAY, SUITE 925 ADDISON, TX 75001

BUBJECT: PROVIDER HEALTHNET SERVICES INC.

REF: F01000002165

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate from Delaware shows the name was changed on October 30, 2003, please correct the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Document Specialist FAX Aud. #: H03000310113 Letter Number: 603A00059981

## 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 (1-3 MUST BE CO			O3 NOV - L PH 2: OF STATE
		Old dd dd 216		own)	A THE PARTY
1	Provider HealthNet Services Inc.				E.F.L.S.T.
•	(Name of corporat	tion as it appears on the r	scords of the .	Department of State)	(DEC
2	Delaware (Incorporated under laws of	on .	3. (Date	4/24/01 e authorized to do business	s in Florida)
	(4-7 con	SECTION PLETE ONLY THE A		CHANGES)	
4. If the a	mendment changes the name of	the corporation, whe	n was the c	change effecteti under	the laws of
,	sdiction of incorporation?	Oct.30,	_ = _		• • •
e PH	NS Inc.		-		
(Name o	f corporation after the amendment, add ained in new name of the corporation)	ing suffix "corporation,"	"company,"	or "incorporated," or appr	optiate abbreviation, if
6. If the a	mendment changes the period of	f duration, indicate n	ew period a	of duration.	
		N/A (New durate		_	
		•	,	-	
7. If the a	mendment changes the jurisdicti	ion of incorporation,	indicate ne	w jurisdiction.	
		N/A (New jurisdic	tion)		
	/2//2			10/20/03	
	regard of the charman revice char there, or any officer, or it we compo- neceiver, trustee, or other court-appoin ductary)	men of the board, settler is in the hands of oted fiduciary, by that	<u> </u>	(Date)	
_	Richard K. Kneip			Chief Executive Offi	(CE)
	(Typed or printed name	······································		(Title)	

PAGE 1

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PROVIDER HEALTHNET EERVICES INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PHNS INC.", THE THIRTIETE DAY OF OCTOBER, A.D. 2003, AT 3:49 O'CLOCK P.M.

Warriet Smith Hinden

AUTHENTICATION: 2724221

DATE: 10-31-03

3109748 8320

030701929