

FO10000003682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

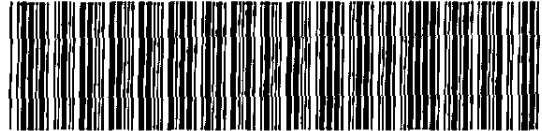
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100048580711

None
Change
Amend

03/24/05--01002--022 **35.00

03/24/05 11:07
FILED

05 MAR 24 2005 1:08
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN
PICK UP 3/24 T.S.

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING Amend

1.) Avicis, Inc.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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)

F01000003682

(Document number of corporation (if known))

FILED
05 MAR 24 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Avicis, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. DE 3. 7-11-2001
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12-22-2004

5. HealthScribe, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

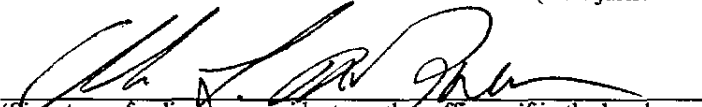
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

no change
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

no change
(New jurisdiction)


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Andrew L. McQueen

(Typed or printed name of person signing)

March 18, 2005

(Date)

Assistant Secretary
(Title of person signing)

Delaware

PAGE 1

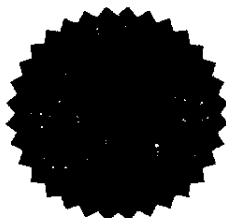
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AVICIS, INC.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "HEALTHSCRIBE, INC.", THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2004, AT 11 O'CLOCK A.M.

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 SAID "AVICIS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 1993.

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2340702 8320

AUTHENTICATION: 3760321

050234973

DATE: 03-22-05