

850-2638 (3 ) **F02-000000109** Page 1 of 2

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

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JUN 14 2016  
C. CARROTHERS

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HMS MONITOR, INC.**

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

16 JUN 10 AM 1:25  
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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)**

F02000000109  
(Document number of corporation (if known))

- 1. HMS MONITOR, INC.  
(Name of corporation as it appears on the records of the Department of State)
- 2. Tennessee (Incorporated under laws of)
- 3. 01/08/2002 (Date authorized to do business in Florida)

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TALLAHASSEE FLORIDA

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**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? 12/16/13

5. MEDHOST of Tennessee, 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.

(New duration)

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

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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

Herman L. Moncrief  
(Typed or printed name of person signing)

V.P. France  
(Title of person signing)



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
SUITE B  
892 DAVIDSON DRIVE  
NASHVILLE, TN 37205

June 9, 2016

**Control # 141431**  
Receipt #: 2736701  
Filing Fee: \$20.00

Effective Date: 12/16/2013

### **CERTIFICATE OF NAME CHANGE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **HEALTHCARE MANAGEMENT SYSTEMS, INC.** were filed in this office on the effective date noted above, changing the name to **MEDHOST of Tennessee, Inc.**

A handwritten signature in black ink that reads "Tre Hargett".

Tre Hargett  
Secretary of State

Processed By: Sheila Keeling