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	(Requestor's Name)	
- <u>.</u>	(Address)	
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PICK-UF	WAIT	MAIL
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	(Document Number)	MA .
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nov@logix⁻

December 31, 2008

Florida Department of State Divison of Corporations Attn: Karen Gibson P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Gibson,

This letter is in response to your correspondence dated November 3, 2008. Enclosed is the certificate of good standing (long) from the state of incorporation, Delaware, and all documentation attached to your correspondence. Please update your records to reflect the organization's new name of NovoLogix, Inc. Please send certificates with the new name to the attention of the undersigned. Thank you.

Please contact the following if you have any questions or need any additional information.

Terri B. Stamm
NovoLogix, Inc.
10400 Viking Drive, Suite 200
Eden Prairie, MN 55344
Phone 952-826-2584
Fax 402-220-6256
tstamm@acmcentral.com

Sincerely,

Terri B. Stamm

Director, Quality & Compliance



November 5, 2008

TERRI B. STAMM 10400 VIKING DR.,SUITE 200 EDEN PRAIRIE, MN 55344

SUBJECT: ANCILLARY CARE MANAGEMENT, INC.

Ref. Number: F02000002826

We have received your document for ANCILLARY CARE MANAGEMENT, INC. and check(s) totaling \$113.75. However, your check(s) and document are being returned for the following:

THE CERTIFICATION SUBMITTED MUST EVIDENCE THE FACT THAT ANCILLARY CARE MANAGEMENT, INC. CHANGED TO NOVOLOGIX, INC.

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) 245-6880.

Letter Number: 408A00056269

Karen Gibson Document Specialist Supervisor

COVER LETTER

TO:	Amendment Section Division of Corporations						
	ECT: NovoLogix, Inc.			ion)			
DOCU	UMENT NUMBER: 608A0005	UIC	01				
The er	nclosed Amendment and fee are subm	itted	for fil	ing.			
Please	return all correspondence concerning	this	matte	r to th	e followin	g:	
Terr	(Name of Contact Person)	,,					
Nov	oLogix, Inc. (Firm/Company)						
104	00 Viking Dr., Suite 200 (Address)						
Ede	en Prairie, MN 55344 (City/State and Zip Code)						
For fu	rther information concerning this mat	ter, p	lease	call:			
Teri	ri Stamm	_ at (952	2	826-2	500	none Number)
	(Name of Contact Person)		(Area	Code	& Daytime	ı elepr	ione Number)
Enclo	sed is a check for the following amoun	nt:					
·	\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	s		Certifie	Filing Fee & d Copy onal copy is sed)	V	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 nassee, FL 32314	Am Div Clif 266	fton B 51 Exe	ent Second Con uildin cutive	ction rporations	ircle	

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)

608A00050161

(Document number of corporation (if known)

Ancillary Care Management	*
(Name of corporation as it appears on the records of the Department of State)	7
2. Delaware 3. August 18, 2008 (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? August 18, 2008	
NovoLogix, 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 the 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other office having custody of corporate records in the jurisdiction under the laws of which it is incorporated.	nan cial
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
Dave Mchean President EED	
Livreg of printed name of person signing) (Time 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 "NOVOLOGIX, INC." 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.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION, FILED THE NINTH DAY OF APRIL,

A.D. 2001, AT 2:31 O'CLOCK P.M.

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE NINTH DAY OF APRIL, A.D. 2001, AT 2:31 O'CLOCK P.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "HEALTH INTEGRATION STRATEGIES, L.P." TO "HEALTH INTEGRATION, INC.", FILED THE ELEVENTH DAY OF APRIL, A.D. 2001, AT 9 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE ELEVENTH DAY OF APRIL, A.D. 2001, AT 9 O'CLOCK A.M.

CERTIFICATE OF OWNERSHIP, FILED THE ELEVENTH DAY OF APRIL,

A.D. 2001, AT 9:01 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE ELEVENTH DAY OF APRIL, A.D. 2001, AT 9:02 O'CLOCK A.M.

3379120 8310

y verify this certificate online p.delaware.gov/authver.shtml

081132690

AUTHENTICATION: 6978716

DATE: 11-20-08

Harriet Smith Windsor, Secretary of State

Warriet Smith Hender

Delaware

PAGE 2

The First State

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "HEALTH INTEGRATION, INC." TO "ANCILLARY CARE MANAGEMENT, INC.", FILED THE TWENTIETH DAY OF AUGUST, A.D. 2001, AT 9 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF OCTOBER, A.D. 2002, AT 4 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF NOVEMBER,
A.D. 2003, AT 1:10 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE FIFTH DAY OF JUNE, A.D. 2006, AT 7:14 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ANCILLARY CARE MANAGEMENT, INC." TO "NOVOLOGIX, INC.", FILED THE EIGHTEENTH DAY OF AUGUST, A.D. 2008, AT 2:03 O'CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE NINETEENTH DAY OF AUGUST, A.D. 2008, AT 5:20 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "NOVOLOGIX, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVOLOGIX,

INC." WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

3379120 8310

081132690

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6978716

DATE: 11-20-08

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

PAGE 3

The First State

HAVE BEEN PAID TO DATE.

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

3379120 8310

081132690

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6978716

DATE: 11-20-08

You may verify this certificate online at corp.delaware.gov/authver.shtml