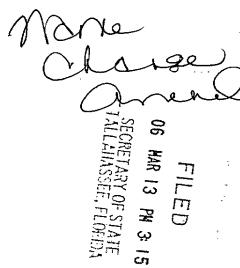
F03000003115

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(
(Document Number)					
Certified Copies Certificates of Status					
O I Hadayahara ta Ellar Officer					
Special Instructions to Filing Officer:					

Office Use Only



700066869957



RECEIVED

06 MAR 13 PH 12: 54

DR 3/13/06



	ACCOUNT NO.	:	072100000032		
	REFERENCE	:	906841 4391	033	
	AUTHORIZATION	:	Smillelend	en	
	COST LIMIT	:	\$ 43.75		
ORDER DATE : M	arch 7, 2006			-	
ORDER TIME : 1	1:09 AM				
ORDER NO. : 9	06841-025				
CUSTOMER NO:	4391033				
FOREIGN FILINGS					
NAME:	ALARIS MEDICAI	L S	YSTEMS, INC.	-	
XX CORPORATE				·	
XXXX AMENDMENT					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
XX CERTIFI	ED COPY				
CONTACT PERSON:	Amanda Haddan		EXT# 2955		
	EX	MAX	INER:		

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)			06 第 1
	F03000003115		競る内
	(Document number of	of corporation (if known)	一
1. Alaris Medical Systems, Inc.			STATE STATE
(Na	ame of corporation as it appears or	n the records of the Department of	of State)
2. Delaware		3 6/24/03	
(Încorpora	ed under laws of)	(Date authorized t	to do business in Florida)
	SECT (4-7 COMPLETE ONLY TO	FION II HE APPLICABLE CHANGES)	
4. If the amendment changes	the name of the corporation	i, when was the change effe	cted under the laws of
its jurisdiction of incorpo	ration? November 1, 2004		
5. Cardinal Health 303, Inc.			
(Name of corporation afte appropriate abbreviation	r the amendment, adding sul, if not contained in new nan	Tix "corporation," "comparate of the corporation)	ny," or "incorporated," or
(If new name is unavailable business in Florida)	e in Florida, enter alternate o	corporate name adopted for	the purpose of transacting
6. If the amendment changes	the period of duration, indicate	cate new period of duration.	
	n/a (New	duration)	₹ .
7. If the amendment changes	the jurisdiction of incorpora	ation, indicate new jurisdict	ion.
	n/a		-
(Signature of a director of a receiver or other c	, president or other officer - if in to	urisdiction) he hands iduciary)	·
John M. Adams, Jr.		Assistant	Secretary

(Title of person signing)

(Typed or printed name 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 "ALARIS MEDICAL SYSTEMS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARDINAL HEALTH 303, INC.", THE NINETEENTH DAY OF OCTOBER, A.D. 2004, AT 3:42 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF NOVEMBER, A.D. 2004.

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.

Varriet Smith Windson, Secretary of State

AUTHENTICATION: 4581023

060233765

2173902 8320

DATE: 03-09-06