# F0400003104

· (Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
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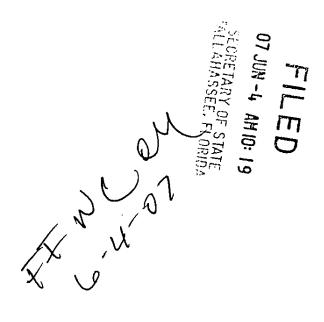




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#### TRANSMITTAL LETTER

TO:	O: Amendment Section Division of Corporations		
SUBJ	ECT: NI Crystal Medical Support, Inc.		
	(Name of corporation)		
DOC	UMENT NUMBER: F04000003104		
The e	nclosed Amendment and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
Tanya	Dietrich		
	(Name of person)		
Natio	nal Corporate Services, LLC		
	(Name of firm/company)		
16055	Space Center Blvd., Suite 235		
	(Address)		
Houst	on, TX 77062		
	(City/state and zip code)		
For fu	orther information concerning this matter, please call:		
Tanya	Dietrich at ( 800 ) 862-5438		
	(Name of person) (Area code & daytime telephone number)		
Enclo	sed is a check for the following amount:		
<b>V</b>	\$35.00 Filing Fee  \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)		
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

## 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)

<u>F0400</u>	0003104	
	(Document number of corporation	(if known))
1 NI Crystal Medical Support, Inc.		\$ <b>Q</b>
(Name of cor	poration as it appears on the records	of the Department of State)
2. Delaware (Incorporated under law)	3.06/0	3/04 Date authorized to do business in Florida
· ·	SECTION II COMPLETE ONLY THE APPLIC	Date authorized to do business in Florida) FLORIDE STATE CABLE CHANGES)
4. If the amendment changes the name of	of the corporation, when was the	he change effected under the laws of
its jurisdiction of incorporation? 05/	01/07	
5. NI Medical Support, Inc.  (Name of corporation after the amend appropriate abbreviation, if not contact the appropriate abbreviation abb	dment, adding suffix "corporat tained in new name of the corp	tion," "company," or "incorporated," or oration)
(If new name is unavailable in Florida business in Florida)	a, enter alternate corporate nam	ne adopted for the purpose of transacting
6. If the amendment changes the period	of duration, indicate new period	od of duration.
No ch	ange (New duration)	
7. If the amendment changes the jurisdi	ction of incorporation, indicate	e new jurisdiction.
No ch	nange	
Sauld Live	(New jurisdiction)	05/16/07
(Signature of a director, president or of a receiver or other court appointe	other officer - if in the hands d fiduciary, by that fiduciary)	(Date)
Samuel S. Crocker		Vice President
(Typed or printed na	me of person signing)	(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 "NI CRYSTAL MEDICAL SUPPORT, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NI MEDICAL SUPPORT, INC.", THE FIRST DAY OF MAY, A.D. 2007, AT 9:31 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NI CRYSTAL MEDICAL SUPPORT, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MARCH, A.D. 2004.

ARYS OF THE PROPERTY OF THE PR

3776111 8320 070605914 Varnet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5699676

DATE: 05-23-07