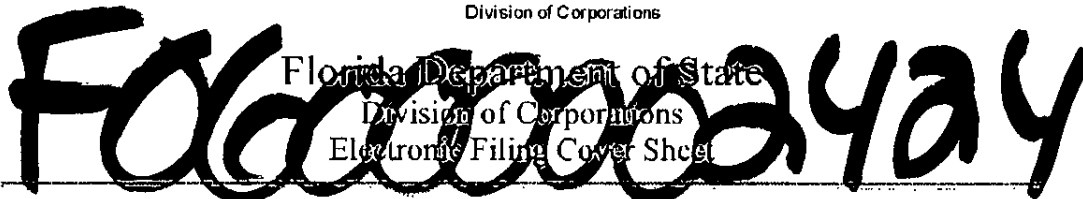


2/3/2017

Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000033240 3)))



H170000332403ABCU

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RES**  
**PATTERSON MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB -3 P 1:59

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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For  
AC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Patterson Medical Supply, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F06000002424

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

Mike.Orscheln@pattersonmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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)**

F06000002424

(Document number of corporation (if known))

1. Patterson Medical Supply, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Minnesota

(Incorporated under laws of)

3. 04/17/2006

(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? 02/01/2017

5. Performance Health Supply, 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)

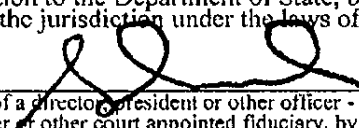
6. If the amendment changes the period of duration, indicate new period of duration.

(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.

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

Michael J. Orscheln

(Typed or printed name of person signing)

President

(Title of person signing)

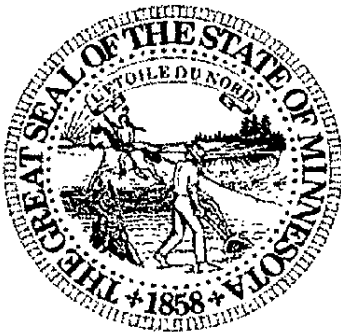
**FILED**  
2016 FEB - 3 P 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Performance Health Supply, Inc.
Date Filed:	03/29/2006
File Number:	1780554-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/02/2017



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

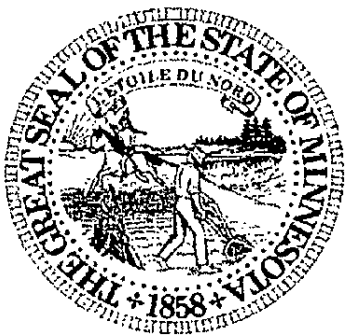
## Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

**Filing(s) filed on:**

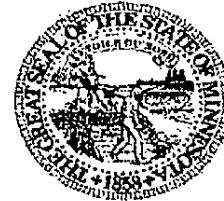
<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
02/02/2017	Amendment - Business Corporation (Domestic)	931931100021

This certificate has been issued on: 02/03/2017



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

**Office of the Minnesota Secretary of State****Minnesota Business & Nonprofit Corporations****Amendment to Articles of Incorporation***Minnesota Statutes, Chapter 302A or 317A***Read the instructions before completing this form.****Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail****1. Corporate Name: (Required)**

Patterson Medical Supply, Inc.

*List the name of the company prior to any desired name change.***2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.****Format: (mm/dd/yyyy)****3. The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.****ARTICLE 1****NAME**

The name of the corporation is: Performance Health Supply, Inc.

**4. This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.****5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.**

Signature of Authorized Person or Authorized Agent

Date

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.**List a name and daytime phone number of a person who can be contacted about this form:**

Sandra Ruiz

312-862-3344

Contact Name

Phone Number

**Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.**

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☒



**Work Item 931931100021**  
**Original File Number 1780554-2**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
02/02/2017 11:59 PM

A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State