

F07000001853

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RESUBMIT

Please give original submission date as file date.

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TMS FULFILLMENT PHARMACY, INC.

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Change of Alternate Name

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In the State of Florida

04-21-09

Dr



APR. 20. 2009 3:46PM

C S 07/2009 3:21:31 PM PAGE 1/001 NO. 436ervP. 2



April 17, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TMS FULFILLMENT PHARMACY, INC.
904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925

SUBJECT: TMS FULFILLMENT PHARMACY, INC.
REF: F07000001853

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Tina Roberts
Regulatory Specialist II

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H09000092206 3



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Warren K. Trowbridge, do hereby certify
(Name)

that this Resolution of the Board of Directors of TMS, Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Delaware
(State or Country)

was adopted on April 16, 2009, changing the alternate

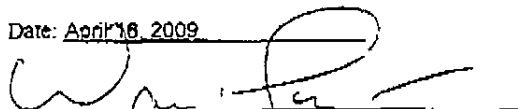
name in Florida from TMS Fulfillment Pharmacy, Inc. to
(Current Alternate Name)

TMS - Support Plus Medical, Inc

(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: April 16, 2009


Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Chairman, CEO & President
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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