

F110000000717

W150000074493



700278954767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

11/10/15--01013--014 **52.50

Certified Copies _____ Certificates of Status _____

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Office Use Only

15 DEC - 3 PM 2:43

DEC - 3 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC -3 PM 2:42

November 12, 2015

BRADY STURAT
ADP ADVANCEDMD, INC.
10876 SOUTH RIVER FRONT PARKWAY
SOUTH JORDAN, UT 84095

SUBJECT: ADP ADVANCEDMD, INC.
Ref. Number: F11000000717

15 DEC -3 PM 2:43

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 115A00023927



November 23, 2015

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

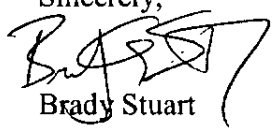
15 DEC -3 PM 2:43

Certificate of Name Change

To Whom It May Concern,

Thank you for the deficiency notice dated November 12, 2015 regarding our recent request to amend our company name. Please find enclosed a certified copy of the amended name from the state of Delaware.

Please let me know if there is anything else I can provide. Thank you for your time and attention.

Sincerely,

Brady Stuart
Compliance Program Manager
bstuart@advancedmd.com
801.984.6168

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADP AdvancedMD, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000000717

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brady Stuart

Name of Contact Person

ADP AdvancedMD, Inc.

Firm/Company

10876 South River Front Parkway

Address

South Jordan, UT 84095

City/State and Zip Code

bstuart@advancedmd.com

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

For further information concerning this matter, please call:

Brady Stuart

at (801) 984-6168

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$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,
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)

F11000000717

(Document number of corporation (if known))

1. ADP AdvancedMD, Inc.

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

2. Delaware

(Incorporated under laws of)

3. February 3, 2011

(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? September 3, 2015

5. AdvancedMD, 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)

David Roberts

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "ADP ADVANCEDMD, INC.", FILED IN THIS OFFICE ON THE THIRD DAY OF SEPTEMBER, A.D. 2015, AT 9:23 O'CLOCK A.M.


A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



3574134 8100

151253071

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2700963

DATE: 09-03-15