

# F11000000717

W15000074493



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 \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

15 DEC - 3 PM 2:43  
C M CNAIR

DEC - 3 2015

C M CNAIR

NOV 12 2015

C M CNAIR



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  
OFFICE OF THE  
SECRETARY OF STATE

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



15 DEC -3 PM 2:43

November 23, 2015

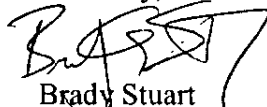
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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](mailto:bstuart@advancedmd.com)  
801.984.6168

**COVER LETTER**

15 DEC -3 PM 2:43

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADP AdvancedMD, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F1100000717

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)**

F1100000717

(Document number of corporation (if known))

15 DEC -3 PM 2:43  
REC'D

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.

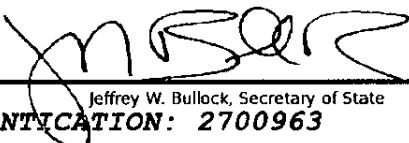
A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



3574134 8100

151253071

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2700963

DATE: 09-03-15