

F 1300002377

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000220331 3)))



H220002203313ABCP

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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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 RESIGN
AMERICAN INSTITUTE OF TOXICOLOGY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2022 JUN 27 PM 5:04

FBI

Electronic Filing Menu

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JUN 29 2022

D CUSHING

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Monday, June 27, 2022 10:10 AM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6380
Attachments: fax_outbound_850-617-6380_20220627_090931_00005ED8-0000.pdf

Create Time: 06/27/2022 09:01:05 AM
Schedule Time: 06/27/2022 09:09:31 AM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Leslie Sellers
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H22000220331
Max tries: 5
Try interval: 600
Priority: 3
Pages: 6
Recipient fax: 850-617-6380
Recipient phone:
Recipient name:
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Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: American Institute of Toxicology, Inc.

Name of Corporation

DOCUMENT NUMBER: F13000002377

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

kendra.green-dias@healthtrackrx.com

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

For further information concerning this matter, please call:

_____ at (855) 498 - 5500
 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee
 ☐ \$43.75 Filing Fee & Certificate of Status
 ☐ \$43.75 Filing Fee & Certified Copy
 ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

RECEIVED
 TALLAHASSEE
 JUN 27 2022

2022 JUN 27 PM 5:04

FILED

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)

F13000002377

(Document number of corporation (if known))

1. American Institute of Toxicology, Inc.

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

2. Indiana

(Incorporated under laws of)

3. 05/31/2013

(Date authorized to do business in Florida)

2022 JUN 27 PM 5:04
 RECEIVED
 TELETYPE UNIT

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? 6/22/22

5. HealthTrackRx Indiana, 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. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. 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.

Kendra Green-Dias

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

Kendra Green-Dias

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

State of Indiana
Office of the Secretary of State
Certificate of Fact

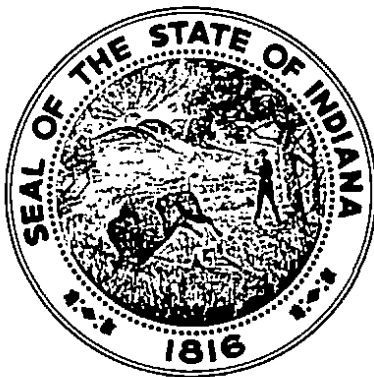
To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HEALTHTRACKRX INDIANA, INC.

filed Articles of Amendment on June 22, 2022, changing their name from American Institute of Toxicology, Inc. to HealthTrackRx Indiana, Inc.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 27, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

1990030204 / 20222646755

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>
Expires on July 27, 2022.