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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN THE OUTSOURCE GROUP OF MISSOURI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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MAR 20 2019

S. YOUNG

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Help

### 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)

	(12,		,			
	:	F14000000493				
	(Document nun	nber of corporatio	n (if known)			
					<b>7</b> -10	19
1. The Outsource Group, Inc. d/b/a The Outsource Group of Missouri, Inc.					<u> </u>	
	(Name of corporation as it appe	ars on the records	s of the Department of S	(atc)		SAS
			00.00		100	19
2	Missouri (Incorporated under laws of)	3	(Date authorized to d	4/2014	<u> </u>	
		SECTION H	(17a.e Bullottzeu le di	) ouguess in		M 10: 56
	(4-7 COMPLETE ON		TABLE CHANGES)		,,	
4. If the ame	endment changes the name of the corpora	ation, when wa	is the change effecte	d under the	e laws of	
its jurisdi	ction of incorporation? 2/08/201	19				
. ] .	lon Revenue Cycle Services, Inc. corporation after the amendment, addin					
appropri	ate abbreviation, if not contained in new me is unavailable in Florida, enter altern in Florida)	r name of the c	orporation)			
6. If the ame	endment changes the period of duration.	indicate new p	eriod of duration.			
		New duration)	<del> </del>			
7. If the ame	endment changes the jurisdiction of inco	rporation, indic	cate new jurisdiction	•		
		lew jurisdiction)				
8. Attached   90 days pr having cu	is a certificate or document of similar in rior to delivery of the application to the listody of corporate records in the jurisdic	Al Clinic		uthenticatery of State	ed not me or other d.	ore than official
	(Signature of a director, of a receiver or other co	preficers or omer urt appointed fidu	ciary, by that fiduciary)			
Natalie H. C			Vice President and Se	-		
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·	(Title of persor	i signing)		

STATE OF MISSOURI



## John R. Ashcroft Secretary of State

### CERTIFICATE OF FACT

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody as Secretary of State show that

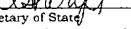
# Parallon Revenue Cycle Services, Inc. 00426150

was incorporated under the Laws of the State of Missouri on the 7th day of May, 1996.

I further certify that on the 8th day of February, 2019, Articles of Amendment was filed, changing its name from The Outsource Group, Inc. to Parallon Revenue Cycle Services, Inc.

I further certify that Parallon Revenue Cycle Services, Inc. has the status of Good Standing with this office as of the date of this certificate.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 25th day of February, 2019.



Certification Number: CERT-02252019-0088

