

OCT - 6 2015
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Open Systems Healthcare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F15000000641

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara Stevens

(Name of Contact Person)

Open Systems Healthcare, Inc.
(Firm/Company)

1818 Market St. Suite 2510
(Address)

Philadelphia, PA 19103
(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Stevens

(Name of Contact Person)

at (609) 297-4278

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State 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



FILED
2015 OCT -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Charles Hill, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Open Systems Healthcare, Inc.
(Name of Corporation)

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

was adopted on 10/1/2015 withdrawing the alternate

name of Open Systems Home Healthcare, Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 10/1/2015

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

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/12/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Open Systems Healthcare, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the commonwealth

Certification Number: TSC150812100443-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>