

F9300000 1723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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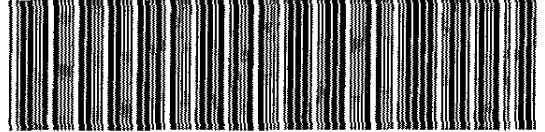
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J. N.C.*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CSC Healthcare Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F93000001723

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet A. Slusser  
(Name of person)

DST Systems, Inc.  
(Name of firm/company)

333 West 11th Street, 5th Floor  
(Address)

Kansas City, MO 64105  
(City/state and zip code)

For further information concerning this matter, please call:

Janet A. Slusser at ( 816 ) 435-4636  
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

- |                                                        |                                                                     |                                                                                            |                                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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)**

F93000001723

(Document number of corporation (if known))

1. CSC Healthcare Inc.

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

2. California

(Incorporated under laws of)

3. April 1, 1993

(Date authorized to do business in Florida)

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SECRETARY OF STATE  
TALLAHASSEE, 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? May 11, 2005

5. DST Health Solutions, 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.

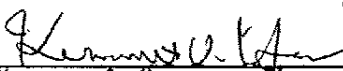
N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

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

Kenneth V. Hager

(Typed or printed name of person signing)

7/27/05

(Date)

Vice President/Treasurer

(Title of person signing)

**State of California**  
**Secretary of State**

**CERTIFICATE OF FILING**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby  
certify:

That on the **11th day of May, 2005**, there was filed in this office an amendment  
changing the corporation name from **CSC HEALTHCARE, INC.**, a California  
corporation, to **DST HEALTH SOLUTIONS, INC.**

**IN WITNESS WHEREOF**, I execute  
this certificate and affix the Great Seal  
of the State of California this day of  
July 23, 2005.



BRUCE McPHERSON  
Secretary of State