

AUG. 7 2007 2:00 PM C S C

NO 068

P. 1

F93000002238

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

hzc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

OPTION CARE OF MELBOURNE, INC.

Certificate of Status	0
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Page Count	03
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07 AUG -7 AM 8:00

DIVISION OF CORPORATIONS

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NC 8-7-07

C S C

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H07000199336 3

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)

F93000002238

(Document number of corporation (if known))

1. Option Care of Melbourne, Inc.

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

2. Georgia

(Incorporated under laws of)

3. 10/13/2003

(Date authorized to do business in Florida)

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SECRETARY OF STATE
WASHINGTON, D.C.
U.S. DEPT. OF STATE

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? July 25, 2007

5. **Infusion Partners of Melbourne, 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)

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

Mary Jane Graves

(Typed or printed name of person signing)

Vice President and CFO

(Title of person signing)

AUG. 7. 2007 2:00PM

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NO. 968 P. 3

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 070802206107000199336 3
PRINT DATE : 08/02/2007
FORM NUMBER : 218

AXIS RESEARCH/CORPORATION SERVICE CO.
DAVID HOLCOMB
900 OLD ROSWELL LAKES PKWY SUITE 310
ROSWELL GA 30076

CERTIFICATE OF FACT

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Effective July 25, 2007, **OPTION CARE OF MELBOURNE, INC.**, a Domestic Profit Corporation, filed certificate of restated articles changing name to **INFUSION PARTNERS OF MELBOURNE, INC.**

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



Karen C Handel
Secretary of State