

Document Number Only

F95000002771

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name

TALLAHASSEE, FL 32301

Address

222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

300002188523--8
-05/22/97--01098--024
*****35.00 *****35.00

Equifax Healthcare EDI Services, Inc.

changing to: NDC Healthcare EDI Services, Inc.

- ☐ Profit
☐ NonProfit
☐ Limited Liability Co.
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☒ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious Name Filing
☐ CUS
☐ After 4:30
☒ Pick Up

FILED
97 MAY 22 PM 4:30
TALLAHASSEE, FLORIDA

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

5-22-97

Name Change

5/22/97 DC

**APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

SECTION I (1-3 must be completed)

1. Equifax Healthcare EDI Services, Inc.
Name of corporation as it appears within the records of the Department of State.
2. Incorporated under laws of: Georgia
3. Date authorized to do business in Florida: 6/8/95

FILED
97 MAY 22 PM 4:30
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?

10/1/96

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:


NDC Healthcare EDI Services, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

no change

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

no change


Signature E. Michael Ingram

March 25, 1997

Date

Name and Title
E. Michael Ingram, Secretary & General Counsel
<OFFICER EXECUTING: NAME& TITLE
OF PRIMARY SIG(P)@>

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

DOCKET NUMBER: 971390825
PRINT DATE : 05/19/1997
FORM NUMBER : 218

C T CORPORATION SYSTEM
JOYCE H. BOOTH
1201 PEACHTREE STREET, N.E.
ATLANTA, GA 30361

CERTIFICATE OF FACT

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

EQUIFAX HEALTHCARE EDI SERVICES, INC., a Georgia corporation
did change its name to
NDC HEALTHCARE EDI SERVICES, INC.
on the 1st day of October, 1996.

Said entity is in compliance with the applicable filing and registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

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.



Lewis A. Massey

Lewis A. Massey
Secretary of State