F96000000707

Florida Department of State
Division of Corporations
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RE-SUBMIT

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To:
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TALLAHASSEE, FLORIDA

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
CATALYST RX HEALTH INITIATIVES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	045
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MC 8-3-12

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August 2, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CATALYST RX HEALTH INITIATIVES, INC.
800 KING FARM BLVD.
4TH FLOOR
ROCKVILLE, MD 20850US

SUBJECT: CATALYST RX HEALTH INITIATIVES, INC.
REF: F96000000707

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Carol Mustain
Regulatory Specialist II

FAX Aud. #: H12000196041
Letter Number: 612A00020207

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

P.O BOX 6327 – Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Catalyst Rx Health Initiatives, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____
Name of Contact Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

frank.covinski@sxc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check 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

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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)

_____
(Document number of corporation (if known))

1. Catalyst Rx Health Initiatives, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Illinois
(Incorporated under laws of)

3. 02/12/1996
(Date authorized to do business in Florida)

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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? 07/02/2012

5. Catamaran PBM of Illinois II, 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)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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

Jeffrey Park
(Typed or printed name of person signing)

Secretary
(Title of person signing)

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File Number 5853-409-9

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION WERE FILED IN THIS OFFICE ON JULY 02, 2012, CHANGING NAME FROM CATALYST RX HEALTH INITIATIVES, INC. TO CATAMARAN PBM OF ILLINOIS II, INC.**********

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 31ST *day of* JULY *A.D.* 2012

Jesse White

SECRETARY OF STATE

Authentication #: 1221302491
Authenticate at: http://www.cyberdriveillinois.com