

Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000157386 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878~5926

COR AMND/RESTATE/CORRECT OR O/D RES

DIVERSIFIED THERAPY CORP.

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$35.00

Bectronic Filing Menu

Corporate Filing Menu

Help

## 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)

F970000007	78	
(Doeu	ment number of corporation (if known)	
Diversified Therapy Corp.		
(Name of corporation	as it appears on the records of the Department of State)	_
2 Dolaware	3, February 13, 1997	
(Incorporated under laws of)	(Date authorized to do business in Florida)	
(4-7 COMP)	SECTION II LETE ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the	c corporation, when was the change effected under the laws of	
its jurisdiction of incorporation? May 10,	2006	
5. Diversified Clinical Services, Inc.		
appropriate abbreviation, if not containe	nt, adding suffix "corporation," "company," or "incorporated," or d in new name of the corporation)  ter alternate corporate name adopted for the purpose of transacting	ı
6. If the amendment changes the period of d	ASE CO	
	(New duration)	
7. If the amendment changes the jurisdiction	(New duration)  a of incorporation, indicate new jurisdiction.	
	(New Jurisdiction) F S TATE CRIDA	C
(Signature of a director, president or other of a receiver or other court appointed fide Mitchell E. Albert	cofficer - if in the hands uctory, by that fiduciary)  Assistant Socretary	
(Typed or printed name of	f person signing) (Title of person signing)	

06/13/2006 10:49 3148630794

# Delaware

PACE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DIVERSIFIED THERAPY CORP.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DIVERSIFIED CLINICAL SERVICES, INC.", THE TENTH DAY OF MAY, A.D. 2006, AT 12:16 O'CLOCK P.M.

2478023 8320 060539469



Daniel Smith Windson Secretary of State

AUTHENTICATION: 4796737

DATE: 06-05-06