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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850) 558-1575

2008 AUG - 1 A
SECRETARY OF
TALLAHASSEE.

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OR AMND/RESTATE/CORRECT OR O/D RESIGN

THOMSON HEALTHCARE INC.

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FROFII CORFORATION	
APPLICATION BY FOREIGN PROFIT CORPORATION	TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSAC	T BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)	TALLAHASSEL, FLORICE STATE OF
(E difference of a garage of the contract of t	
	1 = 0 = T
SECTION I	
(1-3 MUST BE COMPLETED)	
(10 Hour ob Cont Distance)	
	72 - (1)
F9700001310	0,7
(Document number of corporation (if known	
(Coomfaut dames of corboration fit knows	ع شُرُ
1 Thomson Healthcare Inc.	
(Name of corporation as it appears on the records of the Dep	artment of State)
	7,
75-1	
2 Delaware 3.03/14/199	orized to do business in Florida)
(Incorporated under laws of) (Date aut	Horizot to do business at Fibrios/
SECTION II	
(4-7 complete only the applicable cha	INGES)
· ·	,
4. If the amendment changes the name of the corporation, when was the char	ne affected under the laws of
	The effected fitted die laws of
its jurisdiction of incorporation? July 31, 2008	
·	
Thomson Reuters (Healthcare) Inc.	<u> </u>
(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 adop	ted for the purpose of transacting
business in Florida)	
5. If the amendment changes the period of duration, indicate new period of d	ration.
•	
(New duration)	
•	
7. If the amendment changes the jurisdiction of incorporation, indicate new ju	risdiction.
(New jurisdiction)	}
W / M	
M. VATOR	
/ J/J/L	
(Signature of a director, president or other officer - if in the hands	
(Signature of a director, president or other officer - if in the hands of a receiver or other occurt appointed fiduciary, by that fiduciary)	·
	ssistant Secretary
(Thread or printed name of person signing)	(Title of person signing)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "THOMSON HEALTHCARE INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TEOMSON REUTERS (HEALTHCARE) INC.", THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2008, AT 1:39 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THOMSON HEALTHCARE INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

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You may verify this certificate of at corp. delawers.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6757717

DATE: 07-29-08

Delaware

The First State

HAVE BEEN PAID TO DATE.

2688848

080825319

You may varify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6757717

DATE: 07-29-08