

F97000001729



**MEDICAL  
RESOURCES, INC.**  
HEALTHCARE MANAGEMENT SPECIALISTS

Southeast Regional Corporate Office

November 14, 2001

Via Airborne Express  
7660639556

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

100004686081--2  
-11/16/01--01096--002  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Attn: Amendment Section

Re: Name Change Amendment  
FLORIDA NETWORK MANAGEMENT SERVICES, INC.  
to INTEGRATED HEALTH NETWORK, INC.

Dear Sir or Madam:

Enclosed herewith is the completed *Profit Corporation Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida*, along with our check number O163535 in the amount of \$52.50 in payment of the \$35 filing fee, \$8.75 for a certified copy of the filing, and \$8.75 for a Certificate of Status. Also enclosed is a self-addressed, prepaid Airborne Express envelope for return of the documents.

Should you have any questions, please feel free to contact me at (888) 674-1996. Thank you.

Very truly yours,

Mary Caskadon  
Paralegal

FILED  
01 DEC 27 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n/c

T BROWN JAN - 2 2002

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 27, 2001

MARY CASKADON  
MEDICAL RESOURCES, INC.  
449 10TH AVENUE WEST  
PALMETTO, FL 34221

SUBJECT: FLORIDA NETWORK MANAGEMENT SERVICES, INC.  
Ref. Number: F97000001729

We have received your document for FLORIDA NETWORK MANAGEMENT SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown  
Corporate Specialist

Letter Number: 701A00062746



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Mary Caskadon  
Paralegal

**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.)

FILED  
01 DEC 27 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

1. FLORIDA NETWORK MANAGEMENT SERVICES, INC. (cross reference: NETWORK MANAGEMENT SERVICES, INC.)  
Name of corporation as it appears on the records of the Department of State.

2. NEW JERSEY  
Incorporated under laws of

3. MARCH 25, 1997.  
Date authorized to do business in 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? FEBRUARY 14, 2000

5. INTEGRATED HEALTH NETWORK, 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.

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



\_\_\_\_\_  
Signature

11-9-01  
Date

CHRISTOPHER J. JOYCE  
Typed or printed name

PRESIDENT  
Title

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
CERTIFICATE OF NAME CHANGE

*INTEGRATED HEALTH NETWORK, INC.*

*I, the Treasurer of the State of New Jersey,  
do hereby certify, that on February 14, 2000,  
a name change certificate was duly filed in this  
office, changing the business name from:  
Network Management Services, Inc.  
to:  
Integrated Health Network, Inc..*



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
13th day of December, 2001

A handwritten signature in cursive script, reading "Peter R. Lawrance".

Peter R. Lawrance  
Acting State Treasurer