

F970000004603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

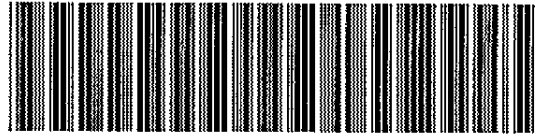
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*none
changed
amended*

11/09/06--01024--018 **35.00

FILED
2006 NOV -9 PM 2:27
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06 NOV -9 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AdR
11/13/06

November 9, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6773981 SO
Customer Reference 1: Wickman, Michael
Customer Reference 2: SourceCorp

Dear Department of State, Florida:

Please obtain the following:

~~SourceCorp HealthServe, Inc. (DE)
Assumed Name - Cancellation - Registration number G02043900092
Florida~~

~~SourceCorp HealthServe, Inc. (DE)
Assumed Name - Cancellation - Registration number G02043900091
Florida~~

SourceCorp HealthServe, Inc. (DE)
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

*Thank You!
Connie*

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AN INVESTMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
 (Pursuant to s. 607.1504, F.S.)

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F97000004603

1. SOURCECORP HealthSERVE, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 08/29/1997
(Incorporated under laws of) (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? 09/01/2006

5. IOD Incorporated
(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.

Wisconsin

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

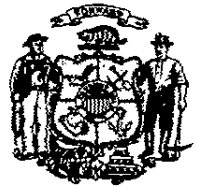
Michael P. Wickman

President

L DOM
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

IOD INCORPORATED

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 15 1996.

I further certify that said corporation originally qualified to transact business in Wisconsin on December 20, 2005 as a Delaware corporation under the name SOURCECORP HEALTHSERVE, INC.; and, that a Certificate of Conversion was filed on September 1, 2006, converting said corporation to a Wisconsin domestic corporation changing its name to the present name of IOD INCORPORATED; and that these are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on November 6, 2006.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY:

A handwritten signature in black ink, appearing to read "Robert Kuri".