

To: The Florida Dept. of State  
Subject: 010001.115076

From: Ashley Smith

Monday, November 30, 2009 11:27 AM Page: 1 of 3

Division of Corporations

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# F99000003598

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
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TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_  
010001.115076

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ALLIANCE MEDICAL REPROCESSING CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

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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)

F99000003598

(Document number of corporation (if known))

1. Alliance Medical Corporation (dba) Alliance Medical Reprocessing Corporation  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware  
(Incorporated under laws of)

3. July 13, 1999  
(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? 4/17/08

5. Ascent Healthcare Solutions, 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)

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

Tim Eijewechter

(Typed or printed name of person signing)

CFD/Secretary

(Title of person signing)

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALLIANCE MEDICAL  
CORPORATION", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "ASCENT HEALTHCARE SOLUTIONS, INC.", THE SEVENTEENTH DAY  
OF APRIL, A.D. 2006, AT 12:18 O'CLOCK P.M.



2804049 8320

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7664512

DATE: 11-25-09

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