F99000005865

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SECRETARY OF STATE
ALLAHASSEE F. STATE

N/C

TB 4-21-08



200 YYest Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

April 1, 2008

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 2662 Executive Center Circle Clifton Building Tallahassee, FL 32301

RE: Argent Healthcare Financial Services, Inc.

Dear Sir or Madam:

Enclosed are one original and one duplicate copy of the Application for Amended Certificate of Authority for the above referenced foreign corporation together a certificate reciting name change from Delaware and a check representing the filing fee.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Laura L. Lightholder

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)

	(1-3 MOST BE COMPLETED)	表 5 で
F9900	0005865	155K
	(Document number of corporation (if known	own) SEE FLORITE
		GE 2
1. Argent Healthcare Financial Services,		
(Name of cor	poration as it appears on the records of the	Department of State)
2. Delaware	3, 11/10/20	000
(Incorporated under le		e authorized to do business in Florida)
(4-7	SECTION II COMPLETE ONLY THE APPLICABLE	CHANGES)
4. If the amendment changes the nam	1/1000	change effected under the laws of
its jurisdiction of incorporation?	4-1-2008	
5 Firstsource Healthcare Advantage, In	c.	
(Name of corporation after the ame	endment, adding suffix "corporation on the corporation on the corporation of the corporat	," "company," or "incorporated," or tion)
(If new name is unavailable in Flor business in Florida)	ida, enter alternate corporate name a	adopted for the purpose of transacting
6. If the amendment changes the peri-	od of duration, indicate new period of	of duration.
	(New duration)	
7. If the amendment changes the juris	diction of incorporation, indicate ne	ew jurisdiction.
	(New jurisdiction)	
8. Attached is a certificate or docume 90 days prior to delivery of the app having castody of corporate record	ent of similar import, evidencing the blication to the Department of State, s in the jurisdiction under the laws of the LPD	amendment, authenticated not more than by the Secretary of State or other official of which it is incorporated.
(Signature of a director, president of a receiver or other court appoi	or other officer - if in the hands	
Frank Stellato		ef Financial Officer
(Typed or printed name of pe	rson 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 "ARGENT HEALTHCARE FINANCIAL SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FIRSTSOURCE HEALTHCARE ADVANTAGE, INC.", THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2008, AT 4:38 O'CLOCK P:M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF APRIL, 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 ANNUAL REPORTS HAVE BEEN FILED TO DATE.



3114865

DATE: 04-01-08

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