**Electronic Filing Cover Sheet** 

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

`(((H07000086077 3)))



H0700000860773ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FERNAND LAMOTHE, INC.

Account Number : 105057001570

Phone : CA +1 4

: CA +1 4187801300 Appeler

Fax Number : (418)210-3633

0/ APR -3 AM 9: 23

.

SECRETARY OF TARE

## I P C HEALTH NETWORK LLC

AMND/RESTATE/CORRECT OR M/MG RESIGN

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

RLH

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

SUBJECT: IPC HEALTH NETWORK LLC  (Name of Limited Liability Company)  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  FERNAND LAMOTHE  (Name of Person)  (Firm/Company)  879 N W 110th TERRACE  (Address)	TO: R D	egistration Section ivision of Corporations		
(Name of Limited Liability Company)  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  FERNAND LAMOTHE  (Name of Person)	SUBJECT	IPC HEALTH NETWORK LLC		
Please return all correspondence concerning this matter to the following:    FERNAND LAMOTHE   (Name of Person)		(Name of Limited Liability Company)		
FERNAND LAMOTHE  (Name of Person)  (Firm/Company)	The enclos	ed Articles of Amendment and fee(s) are submitted for filing.		
(Name of Person)  (Firm/Company)	Please retu	m all correspondence concerning this matter to the following:		
(Name of Person)  (Firm/Company)	•			
(Name of Person)  (Firm/Company)	,	FERNAND LAMOTHE		
(/thinecompany)				
(/thinecompany)				
(/thinecompany)	•		0	PV.
879 N W 110th TERRACE  (Address)		(Firm/Company)	7	<u>√</u> 28
(Address)		979 N W 110+5 PPDDDACP	PR	모두
· · · · · · · · · · · · · · · · · · ·			d G	무존
Ta		, · · · · ·		COR
PLANTATION, FLORIDA, 33324				ж. Д.
(City/State and Zip Code)		(City/State and Zip Code)	ö	2
$\omega$			$\ddot{\omega}$	CORPORATIONS
For further information concerning this matter, please call:	For further	information concerning this matter, please call:		Co
FERNAND LAMOTHE st 954 636-3933		FERNAND LAMOTHE 21/954 636-3933		
(Name of Person) (Area Code & Daytime Telephone Number)		(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:	Enclosed is a	check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	\$25.00 Fil	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy		

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IPC HEALTH NETWORK LLC
	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on NOVEMBER 7, 2006 and assigned document number L06000108293
SECOND:	This amendment is submitted to amend the following:
	ARTICLE 1 NAME
	The name of the limited liability company
•	shall be « IMS Health Network LLC
	· · · · · · · · · · · · · · · · · · ·
Dated AP	PRIL 03 , 2007 ,
	Jamand amolle
	Signature of 1 member or authorized representative of a member
	FERNAND LAMOTHE

Filing Fee: \$25.00