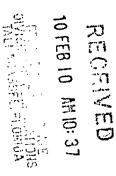
# MUUUUUU2 223

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



500163329885



10 FEB 10 PH 2: 51

B. KOHR

FEB 1 0 2010

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE: 271034 4350643

AUTHORIZATION

COST LIMIT

ORDER DATE: February 1, 2010

ORDER TIME: 4:02 PM

ORDER NO. : 271034-005

CUSTOMER NO: 4350643

#### FOREIGN FILINGS

NAME: MISYS HEALTHCARE SYSTEMS, LLC

EXAMINER:

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Joyce Markley EXT# 2930
•

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: MISYS HEALTHCARE SYSTEMS, LLC
2	Jurisdiction of its organization: North Carolina
3	Date authorized to do business in Florida: 01/31/2006
	SECTION II (4-7 complete only the applicable changes)
4. c	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 05/29/2009
5.	New name of the limited liability company:
<u>A</u> 1	lscriptsMisys, LLC
Flo the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6.	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of a member or the authorized representative of a member
	P: Vi de de de se

Typed or printed name of signee

Filing Fee: \$25.00



## NORTH CAROLINA Department of The Secretary of State

#### **CERTIFICATION OF MERGER**

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that on the 29th day of May, 2009, Articles of Merger or copies of Articles of Merger, duly authenticated by the proper officer of the state or country under the laws of which a statutory merger was affected, were filed in this office

MERGING

A4 HEALTH SYSTEMS, INC.

NC

INTO

MISYS HEALTHCARE SYSTEMS, LLC

NC

The name of the surviving limited liability company was changed by virtue of said merger to: ALLSCRIPTSMISYS, LLC

The effective date of said merger, if different from the date of filing, was: 5/31/2009

The surviving limited liability company has not filed articles of dissolution and continues to be in existence in this State as of the date of this certificate.

I FURTHER certify that this certificate is in compliance with North Carolina General Statutes §47-18.1 and §55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the name of the surviving corporation appearing in the "Grantee" index.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of February, 2010.

Secretary of State

Claire I. Marshall

Certification# 89865033-1 Reference# 9938618-d] Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification