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| TF-F44. | (Requestor's Name) | |
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| | (Address) | |
| (| (Áddress) | |
| | (City/State/Zip/Phone #) | ······································ |
| PICK-UP | P WAIT MAII | _ |
| | (Business Entity Name) | |
| (| (Document Number) | |
| Certified Copies | Certificates of Status | · · |
| Special Instructions | to Filing Officer: | |
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ALLAHASSEE FLORIGA

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M00-2584

CT CORPORATION

February 14, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Ord

Order #: 5776148 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Positron Holdings, LLC (DE) Evidence of Amendment

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

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

Sincerely,

Melanie S Strickland Fulfillment Specialist Melanie_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 03 FEB 14 PM 1: 12

Page 1 of 1

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)

| l. | Name of limited liability company as it appears on the records of the Florida Departm | ent | |
|----|--|--------------|----------|
| | of State: Pharmalogic Holdings, LLC | _ | |
| 2. | Jurisdiction of its organization: Delaware | _ | |
| 3. | Date authorized to do business in Florida: December 15, 2000 | _ | |
| | SECTION II (4-7 complete only the applicable changes) | 1033 | 03 FEB |
| 4. | If the amendment changes the name of the limited liability company, when was the | E C | 8 |
| | change effected under the laws of its jurisdiction of organization? 01/08/02 | | <u></u> |
| 5. | New name of the limited liability company: Positron Holdings, LLC | FLORID | PM -: 1: |
| 6. | If the amendment changes the period of duration, indicate new period of duration: | D | 2 |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | | |
| 8. | If the amendment corrects any false statement, indicate the statement being corrected and the correction: | | |
| 9. | Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records jurisdiction under the law of which this entity is organized. | | |
| | Howard Chatoff, Manager | | |
| | Typed or printed name of signee | | |

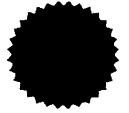
Filing Fee: \$25.00

PAGE

elaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PHARMALOGIC HOLDINGS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "POSITRON HOLDINGS, LLC", THE EIGHTEENTH DAY OF JANUARY, A.D. 2002, AT 9:15 O'CLOCK A.M.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2228756

DATE: 01-28-03