

10/2/2013 9:25:20 am From: To: 8506176383

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA HEALTHTRONICS LABORATORY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY  
EXAMINER

OCT - 3 2013

\*RE-SUBMIT\*

Please retain original filing  
date of submission 9/23

Electronic Filing Menu

Corporate Filing Menu

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Healthtronics Laboratory Solutions, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon F. Napolitano

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Napolitano

Name of Person

at (            )

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**C T Corporation System**  
155 Federal Street  
Suite 700  
Boston MA 02110

Emily Moniz  
Boston Corporate Team 2

**SERVICE REQUEST FORM**

Phone: (617) 757-6402  
Fax: (617) 428-0922

C T Corporation System  
515 East Park Avenue  
Tallahassee FL 32301

Phone: (850) 222-1092

Fax: (850) 222-7615

Email: CLS-CTTallahasseeFulfillment@wolterskluwer.com

Order #: 8900190 SO

Date: 09/20/2013 - 14:58:3

**Special Instructions:**

**Target #2.**      **Line#7**  
Florida Healthtronics Laboratory Solutions, LLC (TX)

**Qty**      **Service Type**  
1      Evidence of Amendment

**Expedited Service Level**  
No

**Jurisdiction**  
Florida

**Filing Office**  
Department of State, Florida

**Due By Date:**      09/25/2013

**Delivery Instructions:**      Email, Next Day

**Shipping Instructions:**      Aaron Bembenek  
WilmerHale  
60 State Street  
Boston MA 02109  
Email: Aaron.Bembenek@wilmerhale.com  
Phone: (617) 526 5961  
Fax:



**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: Florida Healthtronics Laboratory Solutions, LLC
2. Jurisdiction of its organization: Texas
3. Date authorized to do business in Florida: 06/20/2003

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? August 26, 2013
5. New name of the limited liability company: Metamark Laboratories LLC  
(must end with "Limited Liability Company," "LLC," or "L.L.C.")  
Florida Metamark Laboratories LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "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:  
\_\_\_\_\_
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 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

Shawn Marcell, President

Typed or printed name of signer

Filing Fee: \$25.00

FILED  
13 SEP 23 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John Steen  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on August 26, 2013, HealthTronics Laboratory Solutions, LLC, a Domestic Limited Liability Company (LLC) (file number 800207004), changed its name to Metamark Laboratories LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 09, 2013.



A handwritten signature of John Steen in black ink.

John Steen  
Secretary of State