

M 06000002223

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.

(((H13000256937 3)))



H130002569373ABC3

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) 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: \_\_\_\_\_

FILED  
2013 NOV 20 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
13 NOV 20 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CATALINA HEALTH RESOURCE, LLC

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Catalina Health Resource, 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:

Vixki S. Soutiere  
Name of Person

inventiv Health, Inc.  
Firm/Company

L Van de Graaff Dr Wm FL  
Address

Burlington MA 01903  
City/State and Zip Code

vixki.soutiere@inventivhealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vixki Soutiere at: 781 425 4641  
Name of Person 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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANACT 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: Costalina Health Resource, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: 01/18/2006

**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? October 30, 2013
- 5. New name of the limited liability company: Adheris, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "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: N/A
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: N/A
- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
- 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.

*Eric M. Sherbet*  
Signature of member or authorized representative of member

ERIC M. SHERBET  
Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2013 NOV 20 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CATALINA HEALTH RESOURCE, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ADHERIS, LLC", THE THIRTIETH DAY OF OCTOBER, A.D. 2013, AT 12:26 O'CLOCK P.M.

4122535 8320

131328648

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0911072

DATE: 11-20-13