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D. BRUCE
MAY 1 0 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stat (Name of For	RX USA, LLC breign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed application, certificate and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Alexis Holyszko (Named Person))	
PSS World Med (Firm/Company)	dical, Inc.	
4345 Southpoint (Address)	Blvd. RSSB	
Vacksonville FZ 322 (City/State and Zip	Code)	
For further information concerning this m	natter, please call:	
Alexis Holyszko	at (904) 380 - 4867 (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 an	mount:	
\$25 Filing Fee \$30 Filing Fee & Certificate of St		

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: Southeast Medical Solutions RX, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 1 - 10 - 2011
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?3 - 3 - 1
5. New name of the limited liability company: Stat RX USA, U.C. (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.")
5. 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 \mathcal{N}
3. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
2. 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 it organized. Signature of a member or the authorized representative of a member
David D. Klarner Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SOUTHEAST MEDICAL SOLUTIONS RX, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STAT RX USA, LLC", THE THIRTY-FIRST DAY OF MARCH, A.D. 2011, AT 12:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4868652 8320

DATE: 04-26-11

AUTHENTYCATION: 8718095

110456763 You may verify this certificate online at corp.delaware.gov/authver.shtml