

PI3000006244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

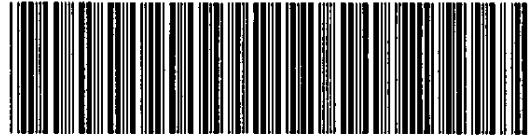
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/14--01032--004 **60.00

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2014 APR 18 AM 9:52
TALLAHASSEE FLORIDA
OFFICE OF THE CLERK
STATE OF FLORIDA

APR 23 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IM HealthScience 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:

Sarah Hassan

Name of Person

IM HealthScience LLC

Firm/Company

101 Plaza Real South, Suite 205-S

Address

Boca Raton, FL 33432

City/State and Zip Code

shassan@imhealthscience.com

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

For further information concerning this matter, please call:

Deborah Noell

Name of Person

at 561 395-7860

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 18 AM 9:52

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: IM HEALTH SCIENCE LLC
2. Jurisdiction of its organization: Florida
3. Date authorized to do business in Florida: October 1, 2013

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

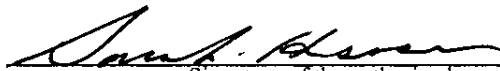
4. New name of the limited liability company: IM HealthScience LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: 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 the authorized representative

Sarah Hassan

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK 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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "IM HEALTH SCIENCE LLC", CHANGING ITS NAME FROM "IM HEALTH SCIENCE LLC" TO "IM HEALTHSCIENCE LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2014, AT 6:38 O'CLOCK P.M.

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2014 APR 18 AM 9:52
SECRETARY OF STATE
DELAWARE



5394627 8100

140463940

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1288832

DATE: 04-14-14

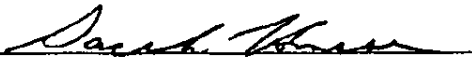
State of Delaware
Secretary of State
Division of Corporations
Delivered 06:38 PM 04/11/2014
FILED 06:38 PM 04/11/2014
SRV 140463940 - 5394627 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: IM HEALTH SCIENCE LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

IM HealthScience LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 11th day of April, A.D. 2014.

By: 
Authorized Person(s)

Name: Sarah Hassan

Print or Type

STATE OF DELAWARE
DEPARTMENT OF STATE
FALLS CREEK, DELAWARE

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