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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: x JON G. BLAUSTEIN, P.C. EIN or SS#: 58-2291647

Address: 1961 N. DRUID HILLS RD. - STE 203 A
ATLANTA, GA. 30329-1810

Amount: \$122.50 Date Paid 4/25/97

Reason for claim: Overpayment of amendment filing fee for
COMPASS MEDICAL GROUP, INC., #M94667.

Certified true and correct this 19th day of May, 19 97.

Signature x Jon G. Blaustein, P.C.

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 122.50

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01052.004 dated 4/25/97

Name of Account

45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)

JON G. BLAUSTEIN, P.C.

Attorneys at Law

Suite 203A - Duncan Square
1961 North Druid Hills Road
Atlanta, Georgia 30329-1810
404-321-7733
FAX 404-325-0014

JON G. BLAUSTEIN

April 24, 1997

Secretary of State
New Filing Section - Corporations Division
409 E. Gaines Street
Tallahassee, Florida 32399

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-04/25/97--01052--004
****122.50 ****122.50

RE: TRS, Inc.

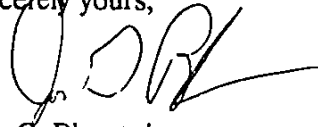
Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment of Compass Medical Group, Inc. wherein the name of the corporation, Compass Medical Group, Inc. which was formerly known as Technical Resource Services, Inc. shall be amended to **TRS, Inc.**

Pursuant to the instructions of your staff, we have also enclosed our check in the amount of \$122.50 to cover the \$70.00 filing fee and \$52.50 fee for certified copy of the Articles of Amendment. Please return the certified copy to the undersigned in the enclosed stamped self-addressed envelope we have enclosed for your convenience.

Thank you for your kind assistance in these matters.

Sincerely yours,



Jon G. Blaustein
For the Firm

JGB:ds
Enclosures

*Amend Filed
Refund Sent
5/10/17 - SP*