Page 1 of 2

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CROTHALL CLINICAL EQUIPMENT SERVICES, INC.

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19/11

## COVER LETTER

Division of Corpore	tions
SUBJECT:	Crothall Clinical Equipment Services, Inc.
	Name of Corporation
DOCUMENT NUMBER:	P17985
The enclosed Amendment	and fee are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
Name of C	Contact Person
Firm	/Company
Ac	ddress
City/State	e and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information con	cerning this matter, please call:
Name of Contact Pe	at ( ) Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status & Certificat
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

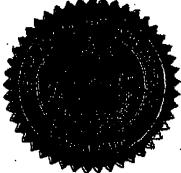
APPLICATION FOR AUTI			N FLORIDA
	(Pursuant to s. 607.150	14, F.S.)	Eu B
			百萬 テ
	SECTION I		
•	(1-3 MUST BE COMPLE	ETED)	
	P17985		2011 JAN 18 SECRETARY
	(Document number of corporation	in (lf known)	
		an ter who	声
I	Crothall Clinical Equipment Se	-	AN D: 4
(Name of corpor	ration as it appears on the record	s of the Department of State)	
2 Pennsylvania	_	<b>3/11/100</b> 9	
(Incorporated under law	3	2/11/1998 (Date authorized to do business	in Florida)
1-11-Age Latinburg miteria 1894.	2017	(Date apriorized to do obsaites)	jii i torida)
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4. If the amendment changes the name of		<del></del>	Je HM2 OI
its jurisdiction of incorporation?	10/19/2010	<del></del>	
_	On the large distance and		
<ol> <li>(Name of corporation after the amend appropriate abbreviation, if not cont</li> </ol>	Crothall Facilities Managem	ent, inc.	uno coro d'I' an
appropriate abbreviation, if not cont	mined in new name of the c	nanou, company, or med ornoration)	apotated, of
<b>-</b>			
	N/A		
(If new name is unavailable in Florida	i, enter alternate corporate r	name adopted for the purpose	of transacting
business in Florida)			
6. If the amendment changes the period	of duration, indicate new p	eriod of duration.	
		·	
	N/A (New duration)		
•	(New duration)		
7. If the amendment changes the jurisdic	ction of incorporation, indic	rate new jurisdiction.	
	N/A	-	
	N/A (New jurisdiction)		
Attached is a certificate or document		or the amandment authention	tad not more than
<ol> <li>Attached is a certificate or document 90 days prior to delivery of the applic having custody of corporate recorded.</li> </ol>	ation to the Department of a the jurisdiction under the	State, by the Secretary of Stat laws of which it is incorporat	e or other official ed.
( ) 042			
(Signature of a director, president or	other officer - if in the hands	<del>-</del> ,	
of a receiver or other court appointed	I fiduciary, by that fiduciary)		
Danial Gard		CFO	
(Typed or printed name of person	n signing)	(Title of person signing)	_

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

November 24, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY. That from an examination of the indices and Records of this Department, it appears that Articles of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania on October 19, 2010 for CROTHALL CLINICAL EQUIPMENT SERVICES, INC., a Pennsylvania corporation, incorporated December 24, 1987, whereby the corporate name was changed to CROTHALL FACILITIES MANAGEMENT, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth