P18884

(Req	uestor's Name)			
(Add	ress)			
(Address)				
(City)	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
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Special Instructions to F	iling Omcer:			
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2006 OCT 24 PM 12: 20 06 OCT 24 AM 10: 5
SECRE ARY OF STATE DIVERSITY OF

N.C.



ACCOUNT NO. : 072100000032					
REFERENCE : 529194 4375562					
AUTHORIZATION: Spelle Ren					
COST LIMIT : \$ 85.00					
ORDER DATE: October 16, 2006					
ORDER TIME : 9:57 AM					
ORDER NO. : 529194-040					
CUSTOMER NO: 4375562					
FOREIGN FILINGS					
NAME: CURATIVE HEALTH SERVICES, CO.					
XX CORPORATE					
XXXX AMENDMENT					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Pollye Janisse EXT# 2954					
EXAMINER:					

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

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

P1:	88884			
	(Document number of corporati	on (if known)		
Curative Health Services Co.				
(Name of co	rporation as it appears on the record	ls of the Department of State)	
2 Minnesota		3. April 19, 1988 (Date authorized to do business in Florida)		
(Incorporated under	laws of)	(Date authorized to do bu	siness in Florida)	
(4-7	SECTION II COMPLETE ONLY THE APPLI	CABLE CHANGES)		
4. If the amendment changes the nar its jurisdiction of incorporation?_	T 12 200C	as the change effected u	nder the laws of	
(Name of corporation after the am appropriate abbreviation, if not corporation after the amagnetic appropriate abbreviation, if not corporate abbreviation	nendment, adding suffix "corp contained in new name of the	oration," "company," or corporation)	"incorporated," or	
(If new name is unavailable in Flobusiness in Florida)	rida, enter alternate corporate	name adopted for the pu		
5. If the amendment changes the per	iod of duration, indicate new	period of duration.	FILED 2006 OCT 24 PM 12: 20 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
per	rpetual (New duration)		FIL FIL AR)	
7. If the amendment changes the juri	· ·	icate new jurisdiction.	FILED 24 PM12: ARY OF STA	
Som Cla	(New jurisdiction)		20 10 10	
(Signature of a director, president of a receiver or other court appo	nt or other officer - if in the hands pinted fiduciary, by that fiduciary)			
John C. Prior			cial Officer/Secretar	
(Typed or printed	d name of person signing)	(Title of p	person signing)	

State of Minnesota

SECRETARY OF STATE

Certificate of Name Change

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that the corporation listed below filed an amendment of its articles of incorporation, or, in the case of a non-Minnesota corporation, a certificate of name change, changing its name with this office on the date listed below, and that the corporation has complied with the relevant laws of Minnesota with respect to that filing.

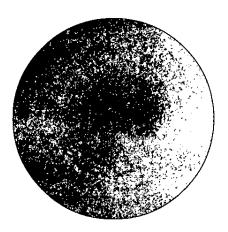
Old Name: Curative Health Services Co.

New Name: Wound Care Centers, Inc.

State of Incorporation: MN

Date Amendment filed: 06/13/2006

This certificate has been issued on 10/17/06.



Mary Kiffmayer Secretary of State.