

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

Medaphis Physician Services
Changing Name to: PST Services, Inc.

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of P.A. |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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THANKS.

LAURA EARNEST

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00 SEP 28 PM 4:42

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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*****35.00 *****35.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 SEP 28 AM 11:38

RECEIVED

9/28

NC
9-29-00
PMS

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

SECTION I (1-3 must be completed)

1. Medaphis Physician Services Corporation
Name of corporation as it appears within the records of the Department of State.
2. Incorporated under laws of: Georgia
3. Date authorized to do business in Florida: February 28, 1990

FILED
00 SEP 28 PM 4:42
TALLAHASSEE, FLORIDA

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

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

August 16, 1999

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

PST Services, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

No Change

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.


Signature

September 25, 2000

Date

Name and Title
Randolph L.M. Hutto
Executive Vice President and Secretary

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 002710348
PRINT DATE : 09/27/2000
FORM NUMBER : 218

C T CORPORATION SYSTEM
NIKOL LOMBARD
1201 PEACHTREE ST NE
ATLANTA, GA. 30361

CERTIFICATE OF FACT

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Effective August 16, 1999, MEDAPHIS PHYSICIAN SERVICES CORPORATION, a Georgia corporation filed certificate of name change amendment into: PST SERVICES, INC.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



Cathy Cox
Secretary of State