CCRS	TOFFT LANGED I FYTEL	FILE 1ST
FILING COVER ACCT. #FCA-14	P3	6079
CONTACT:	CINDY HICKS	5000042731856 -05/21/0101086001 ******35.00 *****35.00
DATE:	5-21-01	*****23.00 *****23.00
REF. #:	0173.16227	
CORP. NAME:	ERISCO MANAGE CHANGING TO	D CARE TECHNIO國自己, INC
 () ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC 	() TRADEMARK/SERVI	ICE MARK () FICTITIOUS NAME
 () REINSTATEMENT () CERTIFICATE OF C. () OTHER: 	() MERGER ANCELLATION () UCC-1	()WITHDRAWAL, 2001 WAL, 20
	REPAID WITH CHECK# 152 ON FOR ACCOUNT IF TO BE	E DEBITED:
PLEASE RETUR		COST LIMIT: \$
 () CERTIFIED COPY () CERTIFICATE OF 	() CERTIFICATE OF GOOD ST	STANDING
Examiner's Initials		Q. DOULLIETTE MAY 2 1 2001

PROFIT CORPORATION	
 APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE A APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINE (Pursuant to s. 607.1504, F.S.) 	MENDMENT TO SS IN FLORIDA
SECTION I (1-3 MUST BE COMPLETED)	FILED 2001 MAY 21 PH SECRETARY OF TALLAHASSEE. 1
1. Erisco Managed Care Technologies, Inc.	PH 12
Name of corporation as it appears on the records of the Department of State.	ATE RID.
2. New York 3. October 28, 1991	A -
Incorporated under laws of Date authorized to do busin	less in Florida
 its jurisdiction of incorporation? October 3, 2000 5. Erisco, Inc. Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or app not contained in new name of the corporation. 6. If the amendment changes the period of duration, indicate new period of duration. 	propriate abbreviation, if
Best and period of duration, indicate new period of duration.	
N/A	
New Duration 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.	
N/A New Jurisdiction	· · · · · · · · · · · · · · · · · · ·
May 9, 2001 Date Michael J. Sunderland Timed or minted arms	<u>.</u>
Typed or printed name Title	
,	

State of New York | ss: Department of State

I hereby certify, that a Certificate of Amendment of ERISCO MANAGED CARE TECHNOLOGIES, INC. changing name to ERISCO, INC. was filed on 10/03/2000.



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