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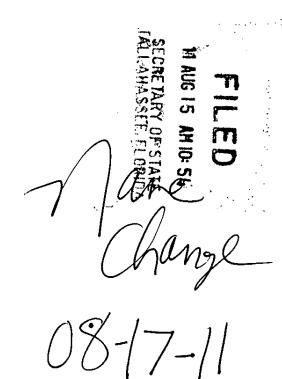
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2011

LORENA DAWSON PREVMED INC. 210 PIER ONE ROAD STEVENSVILLE, MD 21666

SUBJECT: ONSITE HEALTH CARE SERVICES, INC.

Ref. Number: F05000005685

We have received your document for ONSITE HEALTH CARE SERVICES, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

PLEASE PROVIDE A CERTIFICATE FROM THE STATE OF DELAWARE WITH OLD AND NEW CORPORATION NAMES AND THE DATE AMENDMENT WAS FILED IN DELAWARE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 911A00010819



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2011

LORENA DAWSON PREVMED INC. 210 PIER ONE ROAD STEVENSVILLE, MD 21666

SUBJECT: ONSITE HEALTH CARE SERVICES, INC.

Ref. Number: F05000005685

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE PROVIDE A CERTIFICATE FROM THE STATE OF DELAWARE STATING BOTH THE OLD AND NEW NAMES OF THE CORPORATION AND THE DATE IT WAS FILED.

PLEASE COMPLETE #3 WITH THE FOLLOWING DATE: 10/04/2005.

CORRECT DATE ON #4 TO READ: 03/02/2011.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 111A00008839

Ms. Conserv.

Thank 1000 for your time on the telephone

August

Hisim

www.sunbiz.org



August 11, 2011

Darlene Connell Regulatory Specialist II Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Dear Ms. Connell,

Finally! I believe I have gathered everything you need to change the name of our corporation in your records.

Please advise if I have made a mistake in my beliefs.

The State of Delaware was slow in returning the form and I was out of the country which caused the delay.

Sincerely,

Lorena T. Dawson

Administrative Liaison

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Onsite He	ealth Care Services, Inc.
Nan	ne of Corporation
DOCUMENT NUMBER:	F05000005685
The enclosed Amendment and fee are sub	omitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Lorena Dawson Name of Contact Person	
PrevMED Inc.	
Firm/Company	
210 Pier ONe Rd.	
Address	
Stevensville, MD 2166 City/State and Zip Code	6
jtcarney10@comcar E-mail address: (to be used for future an	st.net nual report notification)
For further information concerning this m	atter, please call:
James T. Carney Name of Contact Person	at (412) 657-0992 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$35.00 Filing Fee S43.75 Filing Fee Certificate of Sta	& \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$ (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 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

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

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	SECTION I (1-3 MUST BE COMPI	LETED)	電影 5
	F0500000568	35	SE OF THE
	(Document number of corporat		和三
	SITE HEALTH CARE S		15.25 15.25 15.25
(Name of co	rporation as it appears on the recor	ds of the Department of State)	200
2. Delaware (Incorporated under		OCTO (Date authorized to do busi	DBER 04, 2005 ness in Florida)
(4-7	SECTION II OCOMPLETE ONLY THE APPL		
4. If the amendment changes the nar	ne of the corporation, when v	vas the change effected un	der the laws of
its jurisdiction of incorporation?_	March 2, 2011	 	
5	PrevMED, Inc).	
(Name of corporation after the am appropriate abbreviation, if not contact the amount of the contact that the amount of the contact that the c	endment, adding suffix "corporation and in new name of the	oration," "company," or ' corporation)	'incorporated," or
(If new name is unavailable in Florbusiness in Florida)	rida, enter alternate corporate	name adopted for the purp	pose of transacting
6. If the amendment changes the per	iod of duration, indicate new	period of duration.	
	n/a (New duration)		
7. If the amendment changes the juri	sdiction of incorporation, ind	licate new jurisdiction.	
	n/a (New jurisdiction))	
8. Attached is a certificate or docume 90 days prior to delivery of the ap having custody of corporate record		ing the amendment, auther of State, by the Secretary of e laws of which it is incorp	nticated not more than f State or other official porated.
(Signature of a director, presiden of a receiver or other court appo	t or other officer - if in the hands inted fiduciary, by that fiduciary)		
(/ Jame T. Car	ney	V.P Administrat	ion

(Title of person signing)

(Typed or printed name of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ONSITE HEALTH CARE

SERVICES INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "PREVMED, INC.", THE SECOND DAY OF MARCH, A.D. 2011, AT

12 O'CLOCK P.M.

3952279 8320

110599659

AUTHENTICATION: 8822108

DATE: 06-09-11

You may verify this certificate online at corp.delaware.gov/authver.shtml