

Mail to: P.O. Box 308
Trenton, NJ 08646

STATE OF NEW JERSEY
DIVISION OF REVENUE

Overnight to: 33 West State St.
5th Floor
Trenton, NJ 08608-1214

FEE REQUIRED

REGISTRATION OF ALTERNATE NAME

C-150G

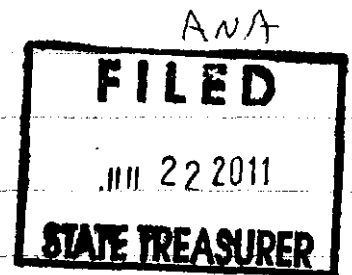
Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. Refer to the instructions on page 26 for filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

Check Appropriate Statute:

- Title 14A:2-2.1 (2) New Jersey Business Corporation Act Title 42:2B-4 Limited Liability Company
- Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business, hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

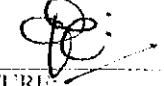
- Name of Corporation/Business: American Medical Services LLC
- NJ 10-digit ID number: 0400377466
- Set forth state of Original Incorporation/Formation: -
- Date of Incorporation/Formation: -
- Date of Authorization (Foreign): -
- Alternate Name to be used: American Medi Mart 0400377466
- State the purpose or activity to be conducted using the Alternate Name: Health Care Products
- The Business intends to use the Alternate Name in this State.
- The Business has not previously used the Alternate Name in this State in violation of this Statute, or, if it has, the month and year in which it commenced such use is: May 26 2011



Signature requirements:

- For Corporations
- For Limited Partnerships
- For all Other Business Types

- Chairman of the Board, President, Vice-President
- General Partner
- Authorized Representative


SIGNATURE:

President
TITLE:

WIN MAR TUN
NAME (please type):

06/06/2011
DATE:

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

2428835
4366029

NJ Division of Revenue
Corporate Unit
33 West State St., 5th Fl
Trenton, NJ 08608

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE

CERTIFICATE OF FORMATION

AMERICAN MEDICAL SERVICES LLC
0400377466

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 10/26/2010 and was assigned identification number 0400377466. Following are the articles that constitute its original certificate.

1. **Name:**
AMERICAN MEDICAL SERVICES LLC
2. **Registered Agent:**
WIN MAR TUN
3. **Registered Office:**
400 DUTCH NECK ROAD APT. L11
WYNNBROOK GARDENS
EAST WINDSOR, NJ 08520-1279
4. **Business Purpose:**
PROVISION OF ALL MEDICALLY RELATED SERVICES
5. **Effective Date of this filing is:**
11/01/2010

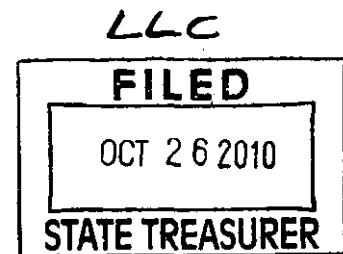
Signatures:
WIN MAR TUN
AUTHORIZED REPRESENTATIVE



Certificate Number: 118565300

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
27th day of October, 2010

Andrew P Sidamon-Eristoff
State Treasurer