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AMD

Michael G. Adams  
 Kentucky Secretary of State  
 Received and Filed:  
 3/5/2024 2:37 PM  
 Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
 MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

Amended Certificate of Authority  
 (Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation      nonprofit corporation.  
    professional service corporation      business trust  
    limited liability company      limited partnership  
    professional limited liability company      statutory trust  
    limited cooperative association      non-profit LLC  
    other

2. The name of the company is: Computer Programs and Systems, Inc.  
 (The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Delaware

4. The entity received authority to transact business in Kentucky on 05/13/2002

5. The entity has changed its (check all that apply)

- × Domicile name to TruBridge, Inc.  
 × Name to be used in Kentucky to TruBridge Health, Inc.  
 Jurisdiction of organization to \_\_\_\_\_  
 Period of duration \_\_\_\_\_  
 Form of organization \_\_\_\_\_  
 Management type:      Member managed      Manager managed

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Christopher L Fowler      Christopher Fowler      President      03/01/2024  
 Signature of Authorized Representative      Printed Name      Title      Date