

P03000010744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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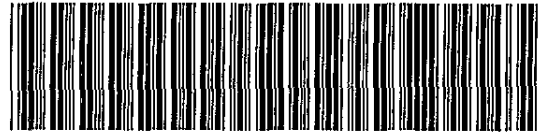
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 27 AM 10:55

05/27/05--01010--009 \*\*43.75

*Amendment*

*06/01/05*

*Dc*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ACM Medical Supply, Inc

**DOCUMENT NUMBER:** P03000010744

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alberto Cabrera  
(Name of Contact Person)

ACM Medical Supply, Inc  
(Firm/ Company)

2639 West 3 St  
(Address)

Healeah, FL 33010  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

**ACM Medical Supply, Inc**

**P03000010744**

Pursuant to the provisions of section 607.1006, Florida Statutes, This Florida Profit Corporation adopts the following amendments to its Articles of Incorporation:

**NEW CORPORATE NAME** (if changing)

N/A

**AMENDMENTS ADOPTED (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and or Article Title(s) being amended, added or delete: (BE SPESIFIC)

Article VII

The officer (s) and /or director(s) of the corporation is/are:

Teresa Puente VP DELETED  
7365 West 14 Place  
Hialeah, Florida 33014

Alberto Cabrera President/Director CORRECTED  
7365 West 14 Place  
Hialeah, Florida 33014

If amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continue)

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05 MAY 27 AM 10:55

The date of each amendment(s) adoption: 05/12/05

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

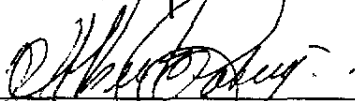
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 12 day of MAY, 2005.

Signature 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alberto Cabrera  
(Typed or printed name of person signing)

President / Director  
(Title of person signing)

**FILING FEE: \$35**