## P04000080038

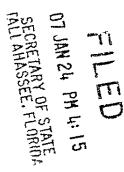
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Amendement 01-29-07 Dc

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DIABET	IC HEALTH SUPPLY INC			
DOCUMENT NUMBER: PO 4000	0080038			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this	matter to the following:			
JOELL AWAY (Name of Co	γ\S ntact Person)			
DIA- CARE (Firm/C	IN C ompany)			
19 5. DIXIE H	ress)			
LAKE WORTH F	EL 33460 nd Zip Code)			
For further information concerning this matter, p	lease call:			
(Name of Contact Person)	at (561) 807 · 6935  (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



January 25, 2007

JOELL ADAMS DIA - CARE INC 19 SOUTH DIXIE HWY. LAKE WORTH, FL 33460

SUBJECT: DIABETIC HEALTH SUPPLY, INC.

Ref. Number: P04000080038

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):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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.

Letter Number: 807A00006074

Darlene Connell Document Specialist



January 9, 2007

JOELL ADAMS DIA - CARE INC 19 SOUTH DIXIE HWY. LAKE WORTH, FL 33460

SUBJECT: DIABETIC HEALTH SUPPLY, INC.

Ref. Number: P04000080038

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):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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 Contello Document Secialist

Letter Number: 507A00001725

## Articles of Amendment to Articles of Incorporation of

•	Articles of Inc			19/1	
	of	•		77 .	ED
DIABETIC	HEALTH S	UPPLY.	INC.	07 JAN 24 SECRETARY	Di.
(Name of con	poration as currently file	ed with the Flori	da Dept. of State)	TALI METARY	rn 4:15
_	of HEALTH S poration as currently file			MASSEE	FSTATE
Ρ	040000800	038			FLORIDA
	(Document number of co	orporation (if kn	own)		•
Pursuant to the provisions Corporation adopts the fo					
YEW CORPORATE NAMI	E (if changing):				
must contain the word "corporation anguage; "Company" or "Co."	i," "incorporated," or the	abbreviation "c	orp," or "ine," or v	vords of like impor	t in
AMENDMENTS ADOPTE Number(s) and/or Article Title			•		
ARTICLE II P	RINCIPAL O	PFICE	: The o	ricipal	
office is:					_ 3346
APTICLE IT:	NITIAL OF	acers 1	IND/OR D	RECTORS	
ROBERT T. KY			•		
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19 S. DixiE			in the second se		
hereby accept the appointment of further agree to comply with the my duties, and I am familiar w ocument is being filed merely to orporation has been notified in w	us registered agent an e provisions of all stat ith and accept the obl reflect a change in th writing of this change	ia agree to act tutes relative to ligation of my p he registered of	in inis capacity, of the proper and position as regisfice address, I h	complete perfort tered agent. Or, ereby confirm th	nance if this at the

The date of adoption of the amendment(s) was: 12/18/06				
Effective date if <u>applicable</u> :	12/18/06			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
<b></b>	proved by the shareholders. The number of votes by the shareholders were sufficient for approval.			
Signature Juna	Rednud			
have not been selec	vice chairman of the board, president or other officer- if directors etcd, by an incorporator- if in the hands of a receiver, trustee, or ed fiduciary, by that fiduciary.)			
LYN	IN REDAVIO			
(Typ	ed or printed name of person signing)			
PRS	SIDENT			
	(Title of person signing)			

FILING FEE: \$35