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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H10000116372 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

*Please file
1st*

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RE-SUBMIT

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ARGON MEDICAL DEVICES, INC.

*Please retain original filing
date of submission 5/13/10*

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*Name Change
w/ DBA
in Florida*

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
 10 MAY 13 PM 3:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. CONNELL MAY 18 2010



May 17, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARGON MEDICAL DEVICES, INC.
272 E DEERPATH RD #316
LAKE FOREST, IL 60045

SUBJECT: ARGON MEDICAL DEVICES, INC.
REF: F03000006382

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

ATTACHMENTS MUST BE ATTACHED TO THE CERTIFIED COPY OR A CERTIFICATE STATING THE NAME WAS CHANGED FROM ARGON MEDICAL DEVICES, INC. TO AMDS, INC. MUST BE PROVIDED IN ORDER TO FILE YOUR DOCUMENT.

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

FAX Aud. #: H10000116372
Letter Number: 810A00012358

RECEIVED
2010 MAY 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Argon Medical Devices, Inc.
Name of Corporation

DOCUMENT NUMBER: F03000006382

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon McNally
Name of Contact Person

Argon Medical Devices, Inc.
Firm/Company

272 East Deerpath Road, Suite 316
Address

Lake Forest, IL 60045
City/State and Zip Code

SMcNally@roundtablehp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon McNally at (903) 675-9321
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
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.)

SECTION I
(1-3 MUST BE COMPLETED)

F03000006382

(Document number of corporation (if known))

1. Argon Medical Devices, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 12/15/03
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 4/27/10

5. AMDS, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

AMDS Dissolution, Inc.
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Sharon McNally
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Sharon McNally

(Typed or printed name of person signing)

Vice President of Finance

(Title of person signing)

Delaware

PAGE 1

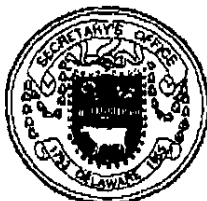
The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARGON MEDICAL
DEVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "AMDS, INC.", THE TWENTY-SEVENTH DAY OF APRIL, A.D.
2010, AT 10:53 O'CLOCK A.M.

3688974 8320

100510037

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7993718

DATE: 05-14-10