# F05000002383

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





100053851401

JEURETARY OF STATE FALLAHASSEE. FLORIDA

FILED

05/10/05--01055--007 \*\*35,00



#### TRANSMITTAL LETTER

то:	Amendment Section Division of Corporati	ons					
SUBJ	ECT: At	as Medical Eq	uipment, Ir of corporation)				
DOC	UMENT NUMBER:_	F0500000238	3				
The er	nclosed Amendment an	d fee are submitte	d for filing.				
Please	return all corresponder	nce concerning th	is matter to th	e followii	ıg:		
	a	oseph A. Troi	lo, Jr., Pr	esident	ı		
			e of person)	<u> </u>			
	R	AM Capital Gra	oup, LLC				
			firm/company	)			
	4	Hook Road					
		(A	ddress)				
Sharon Hill, PA 19079							
		(City/stat	te and zip code	)			
For further information concerning this matter, please call:							
Josepl	a A. Troilo, Jr.	at	(610	237–	1851		
	(Name of perso	n)	(Area coo	le & daytii	me tele	phone number)	
Enclos	ed is a check for the fo	llowing amount:					
X s	35,00 Filing Fee S	3.75 Filing Fee & Certificate of Status	Certified	ıal copy is		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
	Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee FL 32	ations	Division 409 E. G.	ddress: lent Section of Corporaines Stre	ations et		

## 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)

	F05000002383		ASSEE ASSEE
_	(Document number of corporation	on (if known))	FLOR
1. Atlas M	edical Equipment, Inc.		D'M'
(Name o	f corporation as it appears on the record	Is of the Department of State)	
2. Delaware	3.	04/15/05	
(Incorporated under	laws of)	04/15/05 (Date authorized to do business in F	lorida)
(	SECTION II (4-7 COMPLETE ONLY THE APPLI	CABLE CHANGES)	
4. If the amendment changes the nat		the change effected under the	laws of
its jurisdiction of incorporation?_	03/00/03		
(Name of corporation after the an appropriate abbreviation, if not of	ices, Inc. nendment, adding suffix "corpora contained in new name of the cor	ition," "company," or "incorpo poration)	orated," or
(If new name is unavailable in Flo business in Florida)	orida, enter alternate corporate na	me adopted for the purpose of	transacting
5. If the amendment changes the per	riod of duration, indicate new per	iod of duration.	
~-	(New duration)		
7. If the amendment changes the jur	isdiction of incorporation, indica	te new jurisdiction.	
	(New jurisdiction)		
The state of the s		Warr 0 2005	
(Signature of a director, presider of a receiver or other court appo	nt or other officer - if in the hands binted fiduciary, by that fiduciary)	May 9, 2005 (Date)	
Raymond A. Mirra, Jr.	d name of person signing)	President. (Title of person sign	ing)

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ATLAS MEDICAL EQUIPMENT, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ATLAS RESPIRATORY SERVICES, INC.", THE SIXTH DAY OF MAY, A.D. 2005, AT 12:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

DATE: 05-06-05

AUTHENTICATION: 3862234

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