F0600001606

(Re	equestor's Name)			
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10/e/10

COVER LETTER

TO: Amendment Section

CR2E124 (8/08)

	E060000016	Name of Corporation)		
DOCUMENT NUM	BER: F060000016	UG		
The enclosed <i>Resolution</i> fee are submitted for	tion of the Board of Dir filing.	ectors to Withdraw the A	llternate name for use it	n Floria
Please return all corre	espondence concerning	this matter to the following	ig:	
Lisa Granskie for II (Na	ncorp Services, Inc. ne of Contact Person)			
Incorp Services, In	C. (Firm/Company)			
2360 Corporate Ci	cle, Suite 400 (Address)			
Henderson, NV 89	074-7722 ity/State and Zip Code)			
For further information	on concerning this matte	er, please call:		
Lisa Granskie/Inco	p Services, Inc. ntact Person)	at (<u>702</u>) <u>866-250</u> (Area Code & Daytime	00 Telephone Number)	
Enclosed is a check r	nade payable to the Flor	rida Department of State f	or the following amount	:
\$35.00 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		Street Address: Amendment Section		
Division of Corporat		Division of Corporations		

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SECRETARY OF STATE TALLAHASSEE, FLORID!

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned <u>Charlene Shay A</u> (Name)	, do hereby certify	y
that this Resolution of the Board of Directors of		
J&B MEDICAL SUPPLY CO, INC. (Name of Corporation)	,
a corporation duly organized and existing under the laws of $\underline{\mathbf{N}}$	(State or Country)	
was adopted on 1-12-1996	withdrawing the	alternate
name of J&B MEDICAL SUPPLY & COMPANY INC	Name)	
in Florida as its real name is available in Florida.		
Date: 9-30-2010		
	vice Charrman	
Signature of Chairman, Vice Chairman of the Board, a director or any officer	Title of person signing	

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314