

m05780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

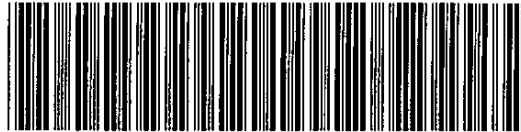
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300111456843

Amend

10/31/07--01018--010 **35.00

2007 NOV 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ADR

11/1/07

**00789, 00615, 00671*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Puman Pharmacy Inc.

DOCUMENT NUMBER: M05780

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

Please return all correspondence concerning this matter to the following:

ALEX F. NEGRIN

(Name of Contact Person)

Puman Pharmacy Inc.

(Firm/ Company)

300 SW 107 Ave Suite 114

(Address)

Miami FL 33174

(City/ State and Zip Code)

For further information concerning this matter, please call:

ALEX F. NEGRIN

(Name of Contact Person)

at (305) 551-4177

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2007

Alex F. Negrin
Pumar Pharmacy Inc.
300 SW 107 Ave., Suite 114
Miami, FL 33174

SUBJECT: PUMAR PHARMACY INC.
Ref. Number: M05780

We have received your document for PUMAR PHARMACY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 607A00064342

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2007

Articles of Amendment
to
Articles of Incorporation
of

FILED

2007 NOV 16 PM 1:38

PUMAR Pharmacy Inc.

(Name of corporation as currently filed with the Florida Dept. of State, TALLAHASSEE, FLORIDA)

M05780

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Mailing Address: 300 SW 107 AVE Suite 114 MIAMI FL 33174

Register Agent: Alex F. Neguin 300 SW 107 AVE Suite 114
MIAMI FL 33174

Officer / Director Duties: President Jose M. Neguin
13201 SW 2ST MIAMI FL 33184

VP ANDRES PUMARIEGA 10332 W FLAGLER ST MIAMI FL 33174

Secretary BERTA NEGUIN 13201 SW 2ST MIAMI FL 33184

Treasurer Alex F. Neguin 12990 SW 2ST MIAMI FL 33184

(Attach additional pages if necessary)

If an 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)

(continued)

The date of each amendment(s) adoption: 10/24/2007

Effective date if applicable: 10/24/2007
(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.

Signature

Jose M. Negrin
(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)

Jose M. Negrin

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

**SWEETWATER PHARMACY
PUMAR PHARMACY INC.**

528 SW 109TH AVENUE
Sweetwater FL 33174
Pharmacy Phone (305) 552-0166
Fax (305) 552-0168

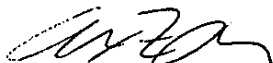
11/13/2007

To Whom It May Concern:

I, Alex F. Negrin am familiar with and accept the duties and responsibilities as registered agent for Pumar Pharmacy Inc.

If you have any questions, please give me a call at 305 551-4177.

Sincerely,



Alex F. Negrin
Vice president