

P00000103310

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LAZARUS CORPORATE FILING SERVICE

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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FILED
2002 JUL 12 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. F. J. MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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-07/12/02--01036--002

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Present Name) DOC#P00000103310

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted).

ROSA MARIA VEIGA 458 WEST 69TH PLACE
HTALEAH, FL 33014.

ROSA MARIA VEIGA 458 WEST 69TH PLACE
HTALEAH, FL 33014.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if no contained in the amendment itself, are as follows:

7-11-02

X The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 director 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.

Signed this 11 day of JULY 19 2002.

Signature _____

(By the Chairman or Vice Chairman of the Board of Directors, President or other if adopted by the shareholders)

Or

(By a director if adopted by the directors)

Or

(By an incorporator if adopted by the
Incorporators)

ROSA MARIA VEIGA

Typed or printed name

PRESIDENT

Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.-The name of the corporation is: F.J. MEDICAL EQUIPMENT, INC.

2.-The name and address of the registered agent and office is:

ROSA MARIA VEIGA
(NAME)

458 WEST 69TH PLACE

P.O. Box not acceptable

HAIALEAH, FL 33014.

(CITY/STATE/ZIP)

SIGNATURE

R. Veiga
(Corporate Officer)

TITLE PRESIDENT

DATE 07/11/02

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar

with and accept the obligations of my position, as Registered Agent.

SIGNATURE

R. Veiga
DATE 07/11/02