

PO1000058205

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CENTRAL MEDICAL EQUIPMENT SUPPLY, INC.

RECEIVED  
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2/17/09

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Articles of Amendment  
to  
Articles of Incorporation  
ofCENTRAL Medical Equipment Supply, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)P01000058205

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)2901 W. Busch BLVD  
Suite 916  
TAMPA, FL. 33618**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**Name of New Registered Agent:Manuel LopezNew Registered Office Address:2901 W. Busch BLVD Suite 916  
(Florida street address)TAMPA, Florida 33618  
(City) (Zip Code)**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PST Director	ISMAEL BERMEZ	2901 W. Busch Blvd 916 TAMPA, FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PST Director	MANUEL LOPEZ	2901 W. Busch Blvd 916 TAMPA, FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an 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)

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The date of each amendment(s) adoption: 1/29/09Effective date if applicable: 1/29/09  
(no more than 90 days after amendment file date)

## Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted 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.Dated 1/29/09

Signature \_\_\_\_\_

(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)

Manuel Lopez

(Typed or printed name of person signing)

President

(Title of person signing)

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