

Division of Corporations

Page 1 of 1

P0100000772652ND
REQUEST
THANKSFlorida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000025135 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-49772005 FEB -1 PM 4:33
FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDARECEIVED
05 FEB -1 PM 3:48
DIVISION OF CORPORATIONS**BASIC AMENDMENT****EQUAL-CARE MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

0:00:00 FEB 02 2005

(((H05000025135)))

Articles of Amendment
to
Articles of Incorporation
ofEqual-Care Medical Supply, Inc.

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

PO1000077265

(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):n/a

(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)Article V: Registered Agent• Delete: Charles Rodriguez• Add: Cristobal Gonzalez; 215 SW 17 Ave, Suite 208, Miami, FL 33135Article VIII - Officers• Delete: Charles Rodriguez ; PVST• Add: Cristobal Gonzalez; 215 SW 17 Ave, Suite 208, Miami, FL 33135; PVST

(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)

n/a

(continued)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2005 FEB - 1 PM 4:33

FILED

((H05000025135)))

The date of each amendment(s) adoption: Dec. 21, 2004

Effective date if applicable: _____
(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.

Signed this 28 day of January, 2005.

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)

Cristobal Gonzalez

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

((H05000025135)))

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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

Jan. 28, 2005
Date