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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: RAUL RICARDO, C.P.A. Account Name

Account Number : I19990000200 Phone (305)825~4777 ax Number (305) 824-4997

## **BASIC AMENDMENT**

#### SONNIA MEDICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filipa

#### H050002419343

#### Articles of Amendment to Articles of Incorporation of

Sonnia Medical Equipment, Inc.

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

#### P01000096194

(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):

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(Attach	additional pages	if necessary)			
	for exchange, re	for exchange, reclassification,		(Attach additional pages if necessary) for exchange, reclassification, or cancellation of issue	

# H050002419343

The date of ea	ch amendment(s) adoption: 9/27/05
Effective date	if applicable:  (no more than 90 days after amendment file date)
Adoption of A	mendment(s) (CHECK ONE)
	amendment(s) was/were approved by the shareholders. The number of votes cast for amendment(s) by the shareholders was/were sufficient for approval.
foll	amendment(s) was/were approved by the shareholders through voting groups. The owing statement must be separately provided for each voting group entitled to vote arately on the amendment(s):
	The number of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	amendment(s) was/were adopted by the board of directors without shareholder action shareholder action was not required.
	amendment(s) was/were adopted by the incorporators without shareholder action an reholder action was not required.
	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)
	Gidalsy Hernandez
•	(Typed or printed name of person signing)
	Director
	(Title of names cioning)

FILING FEE: \$35

H050002419343

### H050002419343

# ARTICLES OF INCORPORATION SONNIA MEDICAL EQUIPMENT, INC.

#### CERTIFICATION OF REGISTERED AGENT

Having been named to accept service of process for the above Corporation at the place designated in these Articles of Incorporation. I hereby agree to act in this capacity, and I further comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Gidalsy Hernandez

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