PD2000 DU880

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





200215462782

12/27/11--01020--001 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 CTD _ 7 PM L: 23

Amenda

COVER LETTER

Division of Corporations		بت
NAME OF CORPORATION: Perry Med	ical Supply	
DOCUMENT NUMBER: P0200010688	30	
The enclosed Articles of Amendment and fee are si		
Please return all correspondence concerning this ma	atter to the following:	
Kerri Perusse		
D	Name of Contact Person	n
Perry Baromedic	Firm/Company	
3750 Prospect A		
Riviera Beach,Fl	Address	
Tittle Bodon,	City/ State and Zip Cod	e
E-mail address: (to be u	sed for future annual report	COV notification)
•		, , , , , , , , , , , , , , , , , , ,
For further information concerning this matter, plea	se call:	
Glew Dennis	_{at (} 561	840-0395
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
□ \$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	Stanct	Address



December 28, 2011

KERRIGAN TURNER PERRY MEDICAL SUPPLY, INC 3750 PROSPECT AVE RIVERA BEACH, FL 33404

SUBJECT: PERRY MEDICAL SUPPLY, INC

Ref. Number: P02000106880

We have received your document for PERRY MEDICAL SUPPLY, 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 registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 611A00028796

Articles of Amendment to Articles of Incorporation of

Perry Medical Supply, In	1C			
(Name of Corporation as	s currently filed with the Flo	rida Dept. of State)		-
P02000106880				
(Docume)	nt Number of Corporation (if	known)		-
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	orida Profit Corporation	adopts the followin	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address,	nation "Corp," "Inc," or "C ution," or the abbreviation "P	o". A professional corpo		
(Principal office address MUST BE AS				-
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX) ud/or registered office addres	ss in Florida, enter the n	ame of the	DIVISION OF CORF
new registered agent and/or the new	w registered office address:		,	POS.
Name of New Registered Agent	Glenn Dennis		_	7. AM
	3750 Prospect A	ve		ယ် 🚡
	(Florida stree			
New Registered Office Address:	Riviera Beach	Florid	_a 33404	
The Registered Office Padress.	(City)	, 1 lottu	(Zip Code)	•
New Registered Agent's Signature, if classification I hereby accept the appointment as regist Signature.			ons of the position.	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	CFO	Rick Cuseo	3750 Prospect Ave Riviera Beach, FL 33404
2) Change Add Remove		_	
3) Change Add Remove			
4) Change Add Remove		_	
5) Change Add Remove		_	
6) Change Add Remove			

(atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
	······································
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: 2-6-2012			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.		
	proved by the shareholders through voting groups. The following statement 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)		
	(voting group)		
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder		
action was not required.	plea by the inscriptions without shareholder action and shareholder		
_{Dated} 2/6/20	12 /		
Signature	Line		
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)		
	Glenn Dennis		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		