

OCT. 4. 2010 12:02PM

CAPITAL CONNECTION

NO. 1247

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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10 OCT -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
VETERANS MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 OCT -4 PM 3:14

Veterans Medical Supply, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PO2000107878

(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:

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**)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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

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>
<u>VP/D</u>	<u>Michael L. Westcott</u>	<u>14378 Oliver Street</u>	<input type="checkbox"/> Add
		<u>Largo FL 33774</u>	<input checked="" type="checkbox"/> Remove
<u>P/CEO</u>	<u>Michael L. Westcott</u>	<u>8100 Park Boulevard</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 501</u>	<input type="checkbox"/> Remove
		<u>Pinellas Park FL 33781</u>	
<u>P/D</u>	<u>Jerry Doorn</u>	<u>6930 Greenbrier Drive</u>	<input type="checkbox"/> Add
		<u>Seminole FL 33777</u>	<input checked="" type="checkbox"/> Remove

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

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)

The date of each amendment(s) adoption: September 30, 2010

(date of adoption is required)

Effective date if applicable:

(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 _____."

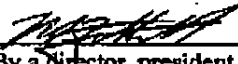
(voting group)

☐ 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 September 30, 2010

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)

Michael L. Westcott

(Typed or printed name of person signing)

President/Chief Executive Officer

(Title of person signing)

**Schedule "A" to Articles of Amendment to Articles of Incorporation of
Veterans Medical Supply, Inc.**

Title	Name	Address	Type of Action
VP/D	Jerry Doom	8100 Park Boulevard Suite 501 Pinellas Park FL 33781	<input checked="" type="checkbox"/> Add
Treasurer/D	Jerry Doom	8100 Park Boulevard Suite 501 Pinellas Park Fl 33781	<input checked="" type="checkbox"/> Add
Secretary	Susan Plank	8100 Park Boulevard Suite 501 Pinellas Park FL 33781	<input checked="" type="checkbox"/> Add