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To:

Division of Corporations

Fax Number

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From:

Account Name

: FAS-T CORP. AGENTS.

Account Number: 071001002335 Phone

(305) 599~0839

Fax Number

(305)716-0346

BASIC AMENDMENT

AA MEDICAL SUPPLIES & EQUIPMENT, INC.

DIVISION OF CORPORATIONS

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\$35.00

11/4/02 4:44 P



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 5, 2002

AA MEDICAL SUPPLIES & EQUIPMENT, INC. 381 NW 59TH COURT MIAMI, FL 33126

SUBJECT: AA MEDICAL SUPPLIES & EQUIPMENT, INC.

REF: P02000114173

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6906.

Darlene Connell Document Specialist FAX Aud. #: E02000221696 Letter Number: 702A00060525



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 5, 2002

AA MEDICAL SUPPLIES & EQUIPMENT, INC. 381 NW 59TH COURT MIAMI, FL 33126

SUBJECT: AA MEDICAL SUPPLIES & EQUIPMENT, INC. REF: P02000114173

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

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) 245-6880.

Karen Gibson Document Specialist FAX Aud. #: H02000221696 Letter Number: 502A00060427

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AA HEDICAL SUPPLIES & EQUIPMENT, INC.

ARTICLES OF AMENDMENT

OF

ARTICLES OF INCORPORATION

Pursuant to the provision of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate artiles number(s) being amended, added or deleted)

Article One - (Amended) The name of the corporation is:

AA PHYSICIAN MEDICAL SERVICES, INC

Article Eight -(Amended) The number of director(s) constituting the board of directors is one. The name and address of each person who is to serve as a member of the board of directors is:

NAME

Alexander Juan Garces

381 NW 59th Court Miami, Fl 33126

Article Seven-(Amended) The street address of the business office of the corporation is 351 NW 59th Court; Mismi,Fl 33126 and the name of its registered agent is Alexander Juan Carces.

SECOND: 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, are as follows:

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TATAL THE GALE OF EACH AMERICANCE & ACCORDING TO THE TATAL
FOURTH: Adoption of Amendment(s) (check one)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups.
Whe 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 incorporator(s) without shareholder action and shareholder action was not required.
Signed this 4 day of November_ , \$5 2002
signature alacid An
(By the chairman or Vice phairman of the
Board of Directors, President or other
officer if adopted by the shareholder(s)) OR =
(By a director if adopted by the Directors)
OR
(By an incorporator if adopted by the
incorporator(s))
Alexander Juan Garces
Typed or print name
Chgirman
Title

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act: First-That At PHISTOIRM MEDICAL SERVICES, INC. (NAME OF CORPORATION) desiring to organize under the laws of the State of FLORIDA (FLORIDA) with its principal office, as indicated in the articles of
First-That AA PHIEDIAN MEDICAL SERVICES INC. (NAME OF CORPORATION) desiring to organize under the laws of the State of FLORIDA (FLORIDA) with its principal office, as indicated in the articles of
First-That AA PHISTOIAN MADICAL SPRVICES INC. (NAME OF CORPORATION) desiring to organize under the laws of the State of FLORIDA (FLORIDA) with its principal office, as indicated in the articles of
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de annual canada una alle adalle a di
incorporation at City of MANY county
(CTTV)
of DADE State of FLORIDA
of DADE State of FLORIDA (COUNTRY) (STATE)
has named ALEXANDER DIAM CARCES (NAME OF RESIDENT AGENT)
located at 381 NW 59th Court; Missei, FI 33176
(STREET ADDRESS AND NUMBER OF BUILDING.
POST OFFICE BOX ADDRESS NOT ACCEPTABLE)
city of FLORIDA COUNTRY OF DADE (CITY)
(CITY) (COUNTRY)
State of Florida, as its agent to accept service of process within
this state.
ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED ACENT)
Having bean named to accept service of process for the above
stated corporation, at place designated in this certificate. I
hereby accept to act in this capacity, and agree to comply with the
provision of said Act relative to keeping open said office.
BY Clifalle / Fren
SIGNATURE (T)
REGISTERED AGENT AND
INCORPORATOR