

PD3000053542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

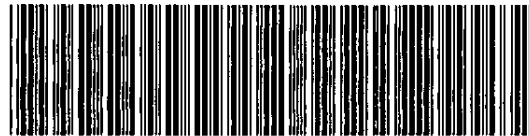
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY - 3 PM 3:38

Amend  
@ 5/3/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SCI MEDICAL SUPPLY, Inc.

**DOCUMENT NUMBER:** P03000053542

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACKQUELINE ALEXANDIRA  
Name of Contact Person

SCI MEDICAL SUPPLY INC  
Firm/ Company

7780 N.W. 7<sup>th</sup> AVE.  
Address

MIAMI, FLORIDA 33148  
City/ State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKQUELINE ALEXANDIRA at (786) 362-0160  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2011

JACQUELINE ALEXANDRIA  
S.C.I. MEDICAL SUPPLY INC.  
7780 NW 7TH AVE.  
MIAMI, FL 33168

SUBJECT: S.C.I-MEDICAL SUPPLY INC.  
Ref. Number: P03000053542

We have received your document for S.C.I-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 current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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: 711A00008648

RECEIVED  
11 MAY -3 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

S. C. I - MEDICAL SUPPLY INC.

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

P030000 53542

(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:

N/A

*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)

7780 NW 7<sup>th</sup> AVE

MIAMI FL, 33168

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7780 NW 7<sup>th</sup> AVE

MIAMI FL, 33168

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:

JACKELINE ALEXANDIRA

7780 NW 7<sup>th</sup> AVE.

New Registered Office Address:

(Florida street address)

MIAMI

(City)

Florida 33168

(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.*

Jackeline Alexandira

Signature of New Registered Agent if changing

11 MAY - 3 PM 3:38

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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>CIO</u>	<u>SWAIN, MARCEA</u>	<u>1914 NW 43 ST</u> <u>MIAMI FL 33142</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC</u>	<u>SWAIN, CAMERON</u>	<u>1914 NW 43 ST</u> <u>MIAMI FL 33142</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>SWAIN, ANTHONY</u>	<u>1914 NW 43 ST</u> <u>MIAMI FL 33142</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

*[This section contains a large diagonal line drawn across the lines, indicating no changes were made.]*

**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)*

*[This section contains a large diagonal line drawn across the lines, indicating no changes were made.]*

**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>PRES</u>	<u>VACHUN ANTHONY</u>	<u>1021 S. PARK ROAD</u> <u>HOLLYWOOD FL 33021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SEC</u>	<u>JACKQUELINE ALEXANDIRA</u>	<u>7780 NW 7<sup>th</sup> AVE</u> <u>MIAMI, FL 33148</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
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**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: 4-6-11

Effective date if applicable: 4-6-11

(date of adoption is required)

(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 4-6-11

Signature

Jackeline Alexandrine Jackeline Alexandrine  
(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)

Jackeline Alexandrine

(Typed or printed name of person signing)

Secretary

(Title of person signing)