Florida Department of State

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Division of Corporations

Fax Number : (850)617-6380

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

H & O MEDICAL SUPPLY CORPORATION

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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION \mathbf{OF}

H & O MEDICAL SUPPLY CORPORATION P03000058647

(Present Name of Corporation)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporate adopts the following articles of amendments to its articles of incorporation:

FIRST: Amendment(s) adopted: Indicate article number(s) being amended, added or delete ARTICLE IV- REGISTERED AGENT

DELETE: AGUERO, HIDELIZA, 7875 N.W. 188 LN, MIAMI, FL 33015

ADD: MANUEL B. ANEIROS, 15315 NW 60TH AVE, STE F, MIAMI LAKES FL 33014

OFFICERS:

DELETE: AGUERO, HIDELIZA, 7875 N.W. 188 LN. MIAMI FL 33015

ADD: P/S/D: MANUEL B. ANEIROS, 15315 NW 60TH AVE, STE F, MIAMI LAKES FL 33014

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:

THIRD: The date of each amendments adoption: **JANUARY 15, 2008**

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. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): AThe number of votes cast for the amendment(s) was/were sufficient for approval by A. (Voting group)

The amendment(s) was/were adopted by board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required.

SIGNED THIS 15TH DAY OF JANUARY, 2008

SIGNATURE:

(By the Chairman or Vice Chairman of the Board of Directors, President, Incorporator, Director, Registered Agent or other officer if adopted by the shareholders.)

TYPED OR PRINTED NAME: MANUEL B. ANEIROS TITLE: PRESIDENT/DIRECTOR

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

H & O MEDICAL SUPPLY CORPORATION

15315 N.W. God Avr. Slef

MIAMI LAKES, FL. 32014

(Dominical Number of Consociation)

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

MANUEL B. ANEIROS

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