

PO3000082105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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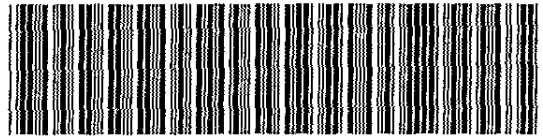
(Business Entity Name)

(Document Number)

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SECURITY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 11 PM 3:31

FILED

*Boiselle*  
2003 Dec 10



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 2, 2003

KEITH SHOEMAKER  
ABSOLUTE MEDICAL SUPPLY, INC.  
3466 NE 12TH TERR  
OAKLAND PARK, FL 33334

SUBJECT: ABSOLUTE MEDICAL SUPPLY, INC.  
Ref. Number: P03000082105

We have received your document for ABSOLUTE MEDICAL SUPPLY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 203A00064617

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Absolute Medical Supply, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000082105

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Shoemaker

(Name of Person)

Absolute Medical Supply, Inc.

(Name of Firm/Company)

3466 NE 12th Terrace

(Address)

Oakland Park, Florida 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

Keith Shoemaker

(Name of Person)

at ( 954 )

567-1288

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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Articles of Amendment to  
Articles of Incorporation of

Absolute Medical Supply, Inc.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P03000082105

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED-** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Principal place of Business ⇒ 3466 NE 12<sup>th</sup> Terrace, Oakland Park, FL 33334

Mailing Address ⇒ 3466 NE 12<sup>th</sup> Terrace, Oakland Park, FL 33334

Name and Address of Incorporator ⇒ Keith Shoemaker 3466 NE 12<sup>th</sup> Terrace, Oakland Park, FL 33334

Initial Officers ⇒ Keith Shoemaker - President <sup>3466 NE 12<sup>th</sup> Terrace</sup>  
<sup>Oakland Park, FL 33334</sup>

Initial officers ⇒ Michael Batchelder - Vice President <sup>3466 NE 12<sup>th</sup> Terrace</sup>  
<sup>Oakland Park, FL 33334</sup>

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 12-9-03

Effective date, if applicable: 12-9-03  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signed this 9<sup>th</sup> day of December, 2003.

Signature K-H  
(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)

Keith Shoemaker  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**