

P03000089079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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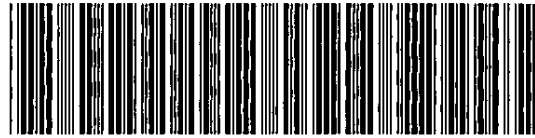
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.

Q. Couffette

JUN 03 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDICO DIRECT, INC.

DOCUMENT NUMBER: P03000089079

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

Please return all correspondence concerning this matter to the following:

Ronny Halperin

(Name of Contact Person)

Ronny J. Halperin, P.A.

(Firm/ Company)

17961 Biscayne Boulevard, Suite B-1

(Address)

Aventura, FL 33160

(City/ State and Zip Code)

For further information concerning this matter, please call:

Ronny Halperin

(Name of Contact Person)

at (305) 932-6900

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

May 27, 2008

RONNY HALPERIN
17961 BISCAYNE BLVD.
STE B-1
AVENTURA, FL 33160

SUBJECT: MEDICO DIRECT, INC.
Ref. Number: P03000089079

We have received your document for MEDICO DIRECT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 608A00033047

RECEIVED
2008 JUN -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDICO DIRECT, INC.

P03000089079

(continued)

The date of each amendment(s) adoption: May 19, 2008

Effective date if applicable: _____
(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.

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)

Melissa K. Rice

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35