P03000089079

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SECRETARY OF STATE
TALLAHASSEE, FLORID

N.C.

B. Southette JUN 0 3 2008

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEDICO D	DIRECT, INC.	
DOCUMENT NUMBER: P03000089079		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Ronny Halperin		
(Name	e of Contact Person)	
Ronny J. Halperin, P.A.		
(F	Firm/ Company)	
17961 Biscayne Boulevard,	Suite B-1	
	(Address)	
Aventura, FL 33160		
•	State and Zip Code)	
For further information concerning this matter	r. please call:	
Ronny Halperin	at (305) 932-69	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount:	:	
	□\$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 C 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

ZOOB JUN - 3 AM 8: 00 SECRETARY OF STATE

Articles of Amendment to Articles of Incorporation of

MEDICO DIRECT, IN		
(Name	of corporation as currently filed with the Florida Dept. of State)	
P030000890	,	
	(Document number of corporation (if known)	•
	of section 607.1006, Florida Statutes, this <i>Florida Profit</i> ment(s) to its Articles of Incorporation:	Corporation
NEW CORPORATE NAM	ME (if changing):	
MEDICO EXPRESS, INC		
Must contain the word "corporat	ion," "company," or "incorporated" or the abbreviation "Corp.," "In	nc.," or "Co.")
A professional corporation must	contain the word "chartered", "professional association," or the ab	breviation "P.A.")
A SERIES ADORE		
	ED- (OTHER THAN NAME CHANGE) Indicate Art gamended, added or deleted: (BE SPECIFIC)	icle Number(s)
and/or Article Title(s) being	gamended, added of defeted: (BE SPECIFIC)	
	<u>.</u>	
•		
		20.00
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		>
	(Attach additional pages if necessary)	
f an amendment provides f	or exchange, reclassification, or cancellation of issued s	hares, provisions
or implementing the amend	dment if not contained in the amendment itself: (if not app	licable, indicate N/A)
	•	
		
		•
	(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)	
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The transit be separately provided for each voting group entitled to vote mendment(s):	
"The number of	votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
	was/were adopted by the board of directors without shareholder action tion was not required.	
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.	
Signature	Noth	
(By a selec	director, president of other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
Mel	lissa K. Rice	
	(Typed or printed name of person signing)	
Pre	esident	
**	(Title of person signing)	

FILING FEE: \$35