

Division of Corporations Electronic Elling Cover Sheet

ote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000109623 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
т	^	-

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number: I20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN #1 MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05_
Estimated Charge	\$35.00

Hoctronic Filing Menu Corporate Filing Menu

Help

3057524698

ADVANCED CONSULTING

PAGE 02/05

	H13000109623			
	Articles of Amon doctor			
)	in .			
	Articles of Incorporation	三	ယ	4 447.2847
	#1 Medical Supplies, Inc.		YAN	C. C
	(Name of Corporation at convenity filed with the Florida Dest. of State)	<i>9</i> 2.3	2	* T \$3/22
	P03000125601	577 1772	721	think dings.
	(Document Number of Corporation (if known)		Ξź	្នំ និ ធ្វី
	• • • • • • • • • • • • • • • • • • • •	(A)	ွက	
Pur	uent to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ado tticles of Incorporation:			(s) to
H.5 P	trectes or modification.	17.00 A	(1.7)	•
A. 3	I smending name, enter the new name of the corneration:			
	One Medical Supplies INC			
nam	must be distinguishable and contain the word "corporation." "company," or "ircorporation."		APW iabou	
TCo	p. "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporati	on name must conta	in the	
WOR	"chartered." "professional association." or the abbreviation "P.A." "all elbe.	emoins.	UM	hagazii
B. 1	inter new principal office address, if applicable:			
	cipal office address MUST BE A STREET ADDRESS)			
			•	
•				
	Inter now matter address, if my plicable:		·	4
•	Malling oddress MAY BE A POST OFFICE BOX		:	
	·			
D. 3	 <u>Smending the registered agent and/or registered office address in Florida, rater the name</u>	of the		
	new registered agent and/or the new registered office soldress;	<u> </u>		
	Name of New Registered Agent			
			:	
	· (Marida arest address)			
	New Regustered Office Address: Florida		•	
	(City)	(Zip Code)	,	
		•	٠	
	·			
Nea	Registered Agent's Signoture, if chiagging Registered Agent;			
I he	reby accept the appointment as registered agent. I am familiar with and accept the obligations of	of the position.	×	

Page 1 of 4

Signature of New Registered Agent, if changing

3057524698

ADVANCED CONSULTING

PAGE 03/05

H13060108523

If anending 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director, TR= Trustme; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office heid. President, Treasurer, Director would be PTD.

Changes should be noted in the following marner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones V as Remove, and Sally Smith, SV as an Add.

Exe	mple:	٠.		
X	Change	PT	John Doc	allebe remains unchanged
X	Remove	Ā	Mike Jopes	unchanged.
<u> </u>	Add	<u>8V</u> .	Sally Smath	
Typ (Ch	e of <u>Action</u> eck One)	Title	<u>Name</u>	Address
1)	Change			
_	Add			
_	Remove			
2)	Change			· · · · · · · · · · · · · · · · · · ·
-	A∂∂			
-	Ranove			
3)	Change			-
-	Add			·
-	Remove		,	
4) .	Change			
-	Add		•	
-	Remove			
5) .	Change			·
_	Add		•	
_	Remove	•		
•			,	,
ø) .	Change	·		· · · · · · · · · · · · · · · · · · ·
-	Add			·
-	Remove			

Page 2 of 4

03/27/2031 04:57 88/15/2013 02:05 3057524698

ADVANCED CONSULTING

PAGE 04/05

H13000169623

	esenthy. (pe shecdio)	essina alle	NCHANARA
			,
7,			,
	······································		
			
			•
•		•	
			
•			
	•		
			At 3 -1
	rs and Il south more with	ation, or cancalistics v entained in the smends	<u>i nameu ingara.</u> ent itself:
rovisions for implementing			
rovisions for implementing	e wa)		
m maculment provides for revisions for implementing (if not applicable, indicat	e NA)	•	٠
rovisions for implementing	e wa)	·	
-conisions for implementing	E NA.	·	
-conisions for implementing	e NA)		
-conisions for implementing	E NA)		
-conisions for implementing	E NA)		
m maculment provides for revisions for implementing (If not applicable, indicat	E NA)		
-conisions for implementing	E NA)		
-conisions for implementing	E NA)		
rovisions for implementing	E NA)		
revisions for implementing	E NA)		

Page 3 of 4

H13000109623

03/27/2031 04:57

05/15/2013 02:10 3057524698

ADVANCED CONSULTING

PAGE 01/01

H13000169823

he date of each smandment(s) so	deption: <u>05-15-2013</u>
Tective date if applicable:	
	(no more than 50 days after amundment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was were ado by the sharsholders was/were an	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	woved by the thereholders through voting groups. The following statement 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
ъу	(vottng graup)
The surendment(s) was/were ado action was not required.	pped by the board of directors without abareholder ection and shareholder
The smendment (s) was/were add action was not required.	pried by the incorporators without shareholder action and shareholder
DatedC	05-15-2013
Signature	Steam Prince
	frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the bands of a receiver, prustoc, or other count
	ted fiduciary by that fiduciary)
	Teana TVIRICU (Typed or printed name of person signing)
	Beautered Agt, VP
	(Fitte of person signing)