

P04000035847

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*Amend
T. W. W.*

07/25/05--01043--002 **25.00

08/08/05--01006--006 **10.00

FILED
05 AUG -5 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTH MIAMI PHARMACY, INC.

DOCUMENT NUMBER: PO4000035847

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

Please return all correspondence concerning this matter to the following:

ARMANDO BARDISA, PharmD.
(Name of Contact Person)

SOUTH MIAMI PHARMACY
(Firm/ Company)

6233 SUNSET DRIVE
(Address)

MIAMI, FL 33143
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ARMANDO BARDISA
(Name of Contact Person)

at (305) 668-6150
(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
409 E. Gaines Street
Tallahassee, FL 32399

RECEIVED
AUG -4 AM 8:00
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

ARMANDO BARDISA
SOUTH MIAMI PHARMACY, INC.
6233 SUNSET DRIVE
MIAMI, FL 33143

SUBJECT: SOUTH MIAMI PHARMACY, INC.
Ref. Number: P04000035847

We have received your document for SOUTH MIAMI PHARMACY, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

The filing fee for Articles of Amendment is \$35.00, there is a balance of \$10.00 due when the document is returned and corrected.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 105A00049154

Articles of Amendment
to
Articles of Incorporation
of

SOUTH MIAMI PHARMACY, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
05 AUG -5 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P04000035847

(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.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

WE WOULD LIKE TO ADD ARMANDO BARDISA AS
AN OFFICER/DIRECTOR OF SOUTH MIAMI PHARMACY, INC.

(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: 8/2/05

Effective date if applicable: 8/2/05
(no more than 90 days after amendment file date)

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

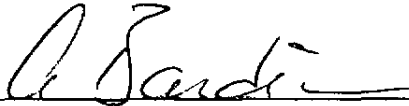
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 2nd day of AUGUST, 2005.

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)

ARMANDO BARDISA, Pharm D.
(Typed or printed name of person signing)

Director / PHARMACIST
(Title of person signing)

FILING FEE: \$35