

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (830)617-6380

From:

: LAZARUS CORPORATE ETLING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ILVA PHARMACY, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

Articles of Incorporation of

(Name of Corporation as cu	HARMACY, INC.	
ba	rrently filed with the Florida Dept. of S	tate)
[-1	4000055855	
	fumber of Corporation (if known)	
rsuant to the provisions of section 607.1 cendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Profit</i> 1:	Carporation adopts the follo
Hamending name, enter the new name	of the corporation;	
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or i me must contain the word "chartered," "g	the designation "Corp," "Inc," or "Co".	A professional corporation
Enter new principal office address. If a rincipal office address <u>MUST BE A STR</u> i	pplicable: EET ADDRESS)	
Enter new mailing address, if applicable (Mailing address MAY RE A POST OF)	l <u>e:</u> FICE BOX)	**************************************
If amonding the registered agent and/or new registered agent and/or the new re	r resistered office address in Florida, en sistered office address:	ter the name of the
Name of New Registered Agent	Gilberto Faure	-
	10550 N.W. 77th Ct., Suite 303	•.
Naw Registered Office Address:	(Florida street address)	
	Hialeah	Florida 33016
	(City) (Z	ip Code)
		•
w Registered Agent's Signature, if chan- creby accept the appointment as registered	ving Registered Agents I agent. I am familiar with and accept the	obligations of the position.
w Registered Avent's Signature, if chan- creby weept the appointment as registered	ting Registered Agents I agent. I am familiar with and accept the	obligations of the position.

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If amending 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)

<u>Titie</u>	Name	Address	Type of Action
<u>VP</u>	Fidel D. Aguiar	10550 N.W. 77th Ct., Suita 303 Histoph, Ft. 33016	☑ Add □ Remove
PSTD	Gilberto Faure	10550 N.W. 77th Ct., Suite 203 Hieleah, Pt. 33016	
	<u> </u>		☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter e tional sheets, if necessary). (Be specifi	habycia) here:	
provisions	idment provides for an exchange, recla for implementing the Amendment if a applicable, indicate N/A)	ssification or cancellation of issuent section of issuent to the amendment it	<u>led shares,</u> <u>acif:</u>

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- Aug. 17 <u>2009</u> 04:28PM P4

FAX ND. :3052201440 H 0 9 0 0 0 1 8 3 5 8 3

The date of each amendment	(s) adoption: August 14, 2009
Effective date if applicable:	(date of adoption is regulred)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wa by the shareholders was/wa	re adopted by the shareholders. The number of votes cast for the amendment(s
	re approved by the shareholders through voting groups. The following stateme d 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)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholde re adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated_Aug	ust 14, 2009
Signature	4
(By sele	a director, president or other officer — if directors or officers have not been exted, by an incorporator — if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Guilberto Faure
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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