

P04 000065595

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alain Rossello

AUTHORIZATION BY PHONE TO

CORRECT

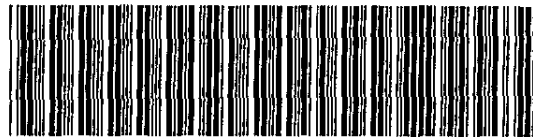
Incorp. adopted Amend.

DATE 12-02-04

D. Connell

DOC. EXAM.

Office Use Only



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SECRETARY OF STATE
FBI / CHASSFE, CT 06103

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FILED

Amendment
12/02/04
DC

To: Amendment Section
Division of Corporations

SUBJECT: J & A MEDICAL EQUIPMENT SUPPLY, CORP.

DOCUMENT NUMBER: P04000065595

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

Please return all correspondence concerning this matter to the following:

Alain Rossello
Medical Coding Consultants
3403 NW 82 Ave
Suite 101
Miami, FL 33122

For further information concerning this matter, please call:

Alain Rossello at 305-477-0150

Enclosed is a \$43.75 check made payable to the Department of State. Please provide a Certified Copy.

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

J & A MEDICAL EQUIPMENT SUPPLY CORP

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following amendment(s) to its Articles of Incorporation:

ARTICLE II is being amended to read as follows:

20812 South Dixie Hwy
Miami, FL 33189

ARTICLE IV (Registered Agent and Street address) is being amended to read as follows:

Ernesto J. Arce
20812 South Dixie Hwy
Miami, FL 33189

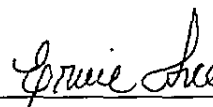
ARTICLE VI (Director(s)) is being amended to read as follows:

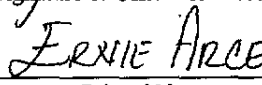
Ernesto J. Arce – P, S, T

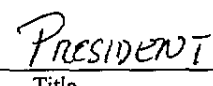
The date of each amendment's adoption: November 11, 2004

The amendments were adopted by the incorporators ~~or board of directors~~ without shareholder action and shareholder action was not required.

Signed this 11th day of November, 2004



Signature of Officer or Director


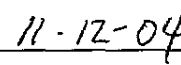
Printed Name


Title

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in Article IV of these Articles of Incorporation, the undersigned hereby agrees to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



Signature of Registered Agent



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA