Florida Department of State

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 16, 2005

P.S.A. MEDICAL SUPPLIES, INC. 8306 NW SOUTH RIVER DR MIRMI, FL 33166

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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P.S.A. IMPORT & EXPORT CORP (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) (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)

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The date	of each amendment(s) adoption: MAY 13, 2005	
Effective :	date if applicable:	
	(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.	r
	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)	
超	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	n
	The amendment(s) was/were adopted by the incorporators without shareholder action an shareholder action was not required.	d
Signed th	Signature (By a director, pseudom 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)	
	SOLANGE PRIETO	
	(Typed or printed name of person signing)	
	PRESIDENT ,	
	(Title of person signing)	

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