P04000162027

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900044073929

01/18/05-01026-002 **35.00

FILED

05 JAN 18 AH II: 04

SECRUTARY OF STATE

ACCH!

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	SIMON M	EDICAL SUPPL	_Y, INC.		 :
DOCUMENT NUMBER:	P0400016	2027		···	
The enclosed Articles of Amend	'ment and fee are	submitted for	filing.		
Please return all correspondence	concerning this	matter to the f	ollowing:		
	ELYSABE	ET MONTANEZ			
	(Name of	Contact Person)		1 2	
	TAX DEFEN	ISE CENTER, I			
_ _	(Firm	Company)	-80 ()	Taket.	4,
	2350 W 84	TH STREET #1	8		
	(/	Address)			द.
	HIALEA	NH, FL 33016			
	(City/ Stat	e/ and Zip Code)			
For further information concerni	ng this matter, p	lease call:			
ELYSABET MONTAI	NEZ	at (305	825-25	500	
(Name of Contact Pers	ion)		Code & Dayt	ime Telephone Numb	er)
Enclosed is a check for the follo	wing amount:				
☑ \$35 Filing Fee ☐ \$43.75 F. Certificat	iling Fee & te of Status	☐ \$43.75 Fil Certified (Addition enclosed	Copy al copy is	☐ \$52.50 Fil Certificat Certified (Addition is enclos	e of Status Copy al Copy
Mailing Address Amendment Section of Corporation of Corporation (Corporation of Corporation (Corporation of Corporation of Cor	ion orations	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

Articles of Amendment to Articles of Incorporation of

SIMON MEDICAL SUPPLY, INC.	
(Name of corporation as currently filed with the Florida Dept. of State)	TE
P04000162027	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:]
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.")	. 21
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
DELETE: 11980 SW 144TH COURT SUITE # 205. MIAMI, FL 33786	
ADD: 13370 SW 131ST STREET SUITE # 102. MIAMI, FL 33186	
	,**
	<u> </u>
	* *== **= ::
	
	15° ,
(Attach additional pages if necessary)	1. 1 4
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)
	. <u></u> ;

(continued)

The date of each amendment(s) adoption: JANUARY 11TH, 2005
Effective date if applicable: JANUARY 1ST, 2005
(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 11 day of JANUARY , 2005
(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)
SANDRA SIMON
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35