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3/14 Clara

Clara Rivadeneira

Requestor's Name  
2742 SW 8 Street #201

Address  
Miami FL 3

City State ZIP Phone  
(305) 643-2243A

CORPORATION(S) NAME

Hemisphere Medical Supplies, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution          | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report        | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation          | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies         | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem      | <input type="checkbox"/> After 4:30                 |
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF PROFIT CORPORATION  
OF**

FILED  
06 MAR 15 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**HEMISPHERE MEDICAL SUPPLIES, INC.**

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(Present name)

*Pursuant to the provisions of section 607,1006 Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST: Amendment article VI**

**Deleted:**

**DENNIS ACOSTA**

**2780 S.W. 37AVE # 100**

**Miami-Fl. 33133**

**New Register Agent**

**ETTAMO MARTIN DELGADO**

**2780 S.W. 37 AVE # 100**

**Miami Florida 33133**

**Amendment article VII**

**Deleted:**

**DENNIS ACOSTA 2780 S.W. 37 Ave #100 Mia-Fl. 33133**

**New Director**

**Ettamo Martin Delgado 2780 S.W. 37 Ave #100**

**Miami Florida 33133.**

If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoptions: 03-13-06

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

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment (s) 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 the 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 day 03-13-06

Signature \_\_\_\_\_

*Ettamo Delgado*  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

**Ettamo Martin Delgado**

\_\_\_\_\_  
Typed or printed name

PRESIDENT

\_\_\_\_\_  
Title

**CERTIFICATE OF DESIGNATION REGISTER AGENT/REGISTER OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the register office/registered agent, in the state of Florida.

**HEMISPHERE MEDICAL SUPPLIES, INC**  
(Name of Corporation)

**FLORIDA**

Desiring to organize under the law of the State of

(Florida)

With its principal office, as indicate in the articles of incorporation

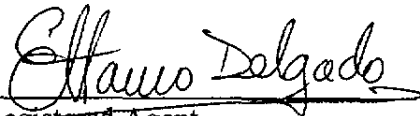
**ETTAMO MARTIN DELGADO**  
named \_\_\_\_\_  
(Name of Registered Agent)

located at **MIAMI** County of **DADE**  
(City) (County)

State of Florida, as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGACIONES OF MY POSITION AS REGISTER AGENT.

SIGNATURE

  
Registered Agent