

06/09/2006

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TO:

PAGE 01

Division of Corporations

Page 1 of 1

P05000007543

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000154880 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : IPS, INC.
Account Number : I20060000036
Phone : (786) 486-9059
Fax Number : (305) 769-2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -9 AM 9:57

COR AMND/RESTATE/CORRECT OR O/D RESIGN

GREAT MEDICAL EQUIPMENTS, INC.

RECEIVED

06 JUN 12 AM 8:00

DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Amendment

6/9/06

X



June 9, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREAT MEDICAL EQUIPMENTS, INC.
4355 W 16 AVE
STE 205B
HIALEAH, FL 33012

SUBJECT: GREAT MEDICAL EQUIPMENTS, INC.
REF: P05000007543

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There are not sufficient funds in your electronic filing account to process your document. If you have questions, please contact the internet access area at (850) 245-6939.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000151455
Letter Number: 206A00039723

06/08/2006 05:20
000 200-0001

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TCP

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6/8/2006 3:42

PAGE 001/001

Florida Dept of State



June 8, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GREAT MEDICAL EQUIPMENTS, INC.
4355 W 16 AVE
STE 205B
HIALEAH, FL 33012

SUBJECT: GREAT MEDICAL EQUIPMENTS, INC.
REF: P05000007543

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME OF THE CORPORATION IS GREAT MEDICAL EQUIPMENTS, INC. PLEASE ADD A COMMA AFTER THE WORD EQUIPMENTS AND A PERIOD AFTER THE WORD INC IN THE CORPORATE NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000151455
Letter Number: 406A00039582



June 8, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREAT MEDICAL EQUIPMENTS, INC.
4355 W 16 AVE
STE 205B
HIALEAH, FL 33012

SUBJECT: GREAT MEDICAL EQUIPMENTS, INC.
REF: P05000007543

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000151455
Letter Number: 106A00039454

- 1) Registered Agent signed & accepted designation
- 2) Address correct
- 3) deleted prior PERS. as PVST.

05/07/2006 22:41
850-205-0381

3057692020

TCP

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5/7/2006 11:27

PAGE 001/001

Florida Dept of State



June 7, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREAT MEDICAL EQUIPMENTS, INC.
4355 W 16 AVE
STE 205B
HIALEAH, FL 33012

SUBJECT: GREAT MEDICAL EQUIPMENTS, INC.
REF: P05000007543

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Signed & Accepted

The document must also contain the address of the registered agent which must be at a Florida street address.

Done

WILL PABLO S. ABREU REMAIN P/S/T/VP OF THE CORPORATION???????

NO Done

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000151455
Letter Number: 906A00039233

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREAT MEDICAL Equipments, INC.

DOCUMENT NUMBER: 705000007543

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

Please return all correspondence concerning this matter to the following:

CRISTOBAL SERRANO

(Name of Contact Person)

Great Medical Equipments, Inc.

(Firm/ Company)

4355 W. 16 AVENUE STE 205B

(Address)

Hialeah, FL 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

Cristobal Serrano

(Name of Contact Person)

at

305, 500 7875

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GREAT MEDICAL Equipments, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

POS000007543

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ART. IV: Delete: Pablo S. Abreu ADD: CRISTOBAL Serrano

ART. VI: Delete: Pablo S. Abreu ADD: Cristobal Serrano

ART. VII: Delete: Pablo S. Abreu Add: Cristobal Serrano = D

Cristobal Serrano Accepts designation as Registered Agent for Great Medical Equipments, Inc.

Address for Registered Agent:

2900 NW 18 Av. #106

Miami, FL 33142

(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)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 JUN -9 AM 9:57

The date of each amendment(s) adoption: 06/01/2006

Effective date if applicable: 06/01/2006

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

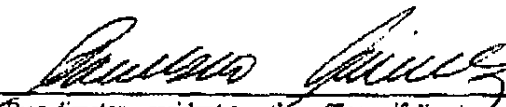
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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.

Signature


(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)

PABLO S. ABREU

(Typed or printed name of person signing)

PVST

(Title of person signing)

FILING FEE: \$35