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**RAMON REYES**  
**5035 PALM AVE HIALEAH, FL 33012**  
**PHONE:(305) 822-0669**  
**FAX: (305)-822-0803**

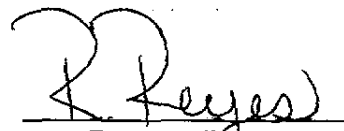
November 28, 2005

To: Department of State,  
Re: SKY MEDICAL SUPPLY, INC.

Enclosed please find the original and one copy of the Articles of Amendment and Designation of Registered Agent together with my check totaling \$78.75.

If you have any questions please do not hesitate to give me a call at the above number. Thank you in advance for your help.

Sincerely,

  
Ramon Reyes

SKY MEDICAL SUPPLY, INC

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ON SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW OFFICER:

(continued)

Signed this 28 day of NOVEMBER, ~~19~~ XX 2005.

Signature *Hector I. Mendoza*  
(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)

HECTOR I. MENDOZA

Typed or printed name

PRESIDENT

Tide

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SKY MEDICAL SUPPLY, INC.

2. The name and address of the registered agent and office is:

HECTOR I. MENDOZA

(Name)

3300 NW 11 ST

(P.O. Box not acceptable)

MIAMI, FL 33125

(City/State/Zip)

*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 obligations of my position as registered agent.*

7   
(Signature)

11/28/05

(Date)