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To:

Division of Corporations

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From:

Account Name

: SHUTTS & BOWEN LLP HEALTH LAW GROUP II

Account Number : I20050000022 : (305)347-7352

Fax Number

: (305)347-7854

BASIC AMENDMENT

A.N.A. MEDICAL EQUIPMENT, CORP.

Certificate of Status	0
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12/6/2005

Articles of Amendment to Articles of Incorporation of

A.N.A. MEDICAL EQUIPMENT, CORP.

(Name of corporation as currently filed with the Florida Dept. of State) P05000051066 (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:

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

NEW CORPORATE NAME (if changing):

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AMEN) and/or A													icate	Anıc	ic N	umber	(\$)
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Add:	Silv	⁄ia	Mende	⊋z,	R/A	DP,	3750	W 16	Aven	ue,	242-	U,	Hial	eah,	FL	3301	2
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The date of each amendment(s) adoption: December 5, 2005
Effective date if applicable: (no more than 90 days after amondment 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) I hereby accept the appointment as Registered Agent and agree to act in this capacity. SILVIA MENDEZ (Typed or printed name of person signing)
President Aller à Check (Title of person signing)

FILING FEE: \$35