

# P05000070445

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.**

((H06000127820 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY -9 AM 11:59

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**OLIVA MEDICAL SUPPLIES AND EQUIPMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
06 MAY -9 AM 8:00  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

*Amended  
5-9-04*



May 9, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
OLIVA MEDICAL SUPPLIES AND EQUIPMENT, INC.  
2516 W 72 PL  
HIALEAH, FL 33016US

SUBJECT: OLIVA MEDICAL SUPPLIES AND EQUIPMENT, INC.  
REF: P05000070445

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.

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.

There is a (period) after (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) 245-6964.

Irene Albritton  
Document Specialist

FAX Aud. #: B06000127820  
Letter Number: 006A00032862

Articles of Amendment  
to  
Articles of Incorporation  
of

OLIVA MEDICAL SUPPLIES AND EQUIPMENT, INC.

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

P05000070446

(Document number of corporation (if known))

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 MAY -9 AM 11:59

FILED

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 change):**

(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)**

**ARTICLE V**

NORMA GUTIERREZ-2516 WEST 72 PLACE HIALEAH, FL 33016-REGISTER  
AGENT-(DELETED).

ERNESTO RONDON-1821 W 63 ST HIALEAH, FL 33012-REGISTER AGENT-  
(ADDED).

**ARTICLE VII**

NORMA GUTIERREZ-2516 WEST 72 PLACE HIALEAH, FL 33016-  
DIRECTOR-(DELETED). ERNESTO RONDON-1821 W 63 ST HIALEAH, FL 33012-  
DIRECTOR--(ADDED).

(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)

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.



---

ERNESTO RONDON

Registered Agent

The date of each amendment(s) adoption: 05-08-2006

Effective date if applicable: 05-08-2006  
(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

Norma Gutierrez

(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)

NORMA GUTIERREZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)