

Division of Corporations

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**POS0000084901**

Florida Department of State  
Division of Corporations  
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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

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06 JUN 27 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN****R & J MEDICAL INC.**

Certificate of Status	1
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DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** R & J MEDICAL INC.

**DOCUMENT NUMBER:** P05000084901

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)

R & J MEDICAL INC.

(Firm/ Company)

2920 NW 18 AVENUE #10G

(Address)

MIAMI, FL 33142

(City/ State and Zip Code)

For further information concerning this matter, please call:

CRISTOBAL SERRANO

(Name of Contact Person)

at ( 305 ) 599-1001

(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 &  
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☒ \$52.50 Filing Fee  
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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**

R & J MEDICAL INC.

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

P05000084901

(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):**

N/A

(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)**

DELETE: RUBER CASTELLANOS AS REGISTERED AGENT

ADD: CRISTOBAL SERRANO AS REGISTERED AGENT

Registered agent address: 2920 NW 18 AVENUE #10G MIAMI FL 33142

DELETE: RUBER CASTELLANOS AS PSD

ADD: CRISTOBAL SERRANO AS PSD

*Cristobal Serrano* ACCEPTS DESIGNATION AS REGISTERED AGENT

SIGNATURE OF REG. AGENT:

(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)

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 TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 06/23/2006

Effective date if applicable: 06/23/2006  
(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)

RUBEN CASTELLANOS

(Typed or printed name of person signing)

PSD

(Title of person signing)

**FILING FEE: \$35**