

P05000098159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

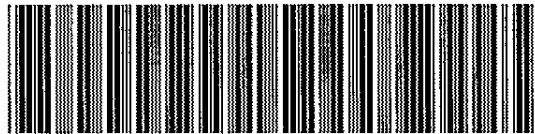
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Amend

08/09/06--01022--005 **35.00

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06 AUG -9 AM 11:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FLORIDA

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2006 AUG 21 PM 12:04
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DIVISION OF CORPORATIONS

ASR
8/14/06

X00789, 00615, 00672

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165

305-552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SAB MEDICAL EQUIPMENT INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☒ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2006

LAZARUS

TALLAHASSEE, FL

SUBJECT: SAB MEDICAL EQUIPMENT, INC.
Ref. Number: P05000098159

We have received your document for SAB MEDICAL EQUIPMENT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 906A00049543

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DIVISION OF CORPORATIONS
2006 AUG 14 AM 11:09
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 AUG 18 AM 11:04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 14, 2006

Lazarus Corporate Filing Service
3320 SW 87th Avenue
Miami, FL 33165

SUBJECT: SAB MEDICAL EQUIPMENT, INC.
Ref. Number: P05000098159

We have received your document for SAB MEDICAL EQUIPMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 206A00050233

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 AUG 21 PM 12:04

**ARTICALES OF AMENDMENT
TO
ARTICLE OF INCORPROATION
OF
SAB MEDICAL EQUIPMENT INC.**

(PRESENT NAME)

PURSUANT TO THE PROVISIONS OF SECTION 607,1006, FLORIDA STATUTES, THIS CORPORATION ADOPTS THE FOLLOWING ARTICES OF AMENDMENT TO IT'S ARTICLE OF INCORPORATION:

FIRST: AMENDMENT(S) ADOPTED: (INDICATE ARTICLE NUMBER(S) BEING AMENDED ADDED OR DELETED)

ARTICLES VI – DIRECTORS

DELETED: ORLANDO L RODRIGUEZ

PRESIDENT

NOW: GREGORY ORLANDO BARROS

PRESIDENT

NEW REGISTERED AGENT

GREGORY ORLANDO BARROS
10400 GRIFFIN RD STE 303 A
COOPER CITY, FLORIDA 33328

SECOND: IF AN AMENDEMENT PROVIDES FOR AN EXCHANGE, RECLASSIFICATION OR CANCELLATION OF ISSUED SHARES, PROVISIONS FORIMPLEMENTING THE AMENDEMENT IF NOT CONTAINED IN THE AMENTMENT ITSELF, ARE AS FOLLOWS:

THIRD: THE DATE OF EACH AMENDMENT'S ADOPTION:

FOURTH: ADOPTION FOR AMENDMENT(S) (CHECK ONE)

X THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS.
THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) WAS/WERE

FOR APPROVAL.

THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS
THROUGH VOTING GROUPS.

THE FOLOWING STATEMENT MUST BE SEPRATLEY
PROVIDED FOR EACH VOTING GROUP ENTITTELED TO
VOTE SEPRATLEY ON THE AMENDMENT(S)

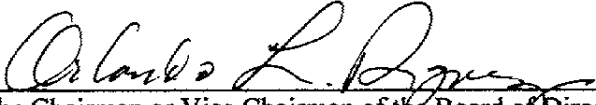
" THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) WAS/WERE SUFFICIENT
FOR APPROVAL BY _____."
(VOTING GROUP)

* THE AMENDMENT(S) WAS/WERE ADOPTED BY THE BOARD OF DIRECTORS WITHOUT
SHREHOLDER ACTION AND SHAREHOLDER ACTION WAS NOT REQUIERED.

* THE AMENDMENT(S) WAS/WERE ADOPTED BY THE INCORPORATORS WITHOUT
SHREHOLDER ACTION AND SHREHOLDER ACTION WAS NOT REQUIERED.

SINGED THIS 08RD DAY OF August 8, 2006.

SIGNATURE


(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholder(s))

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporator)

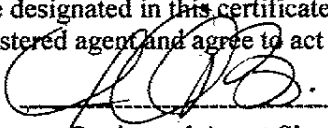
ORLANDO L RODRIGUEZ

Typed or print name

PRESIDENT

Title

Having been named as registered agent and to accept service of process for the stated
Corporation at the place designated in this certificate, I hereby accept the appointment as
Registered agent and agree to act in this capacity.



Registered Agent Signature