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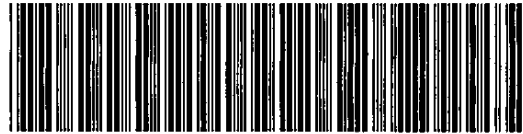
(Business Entity Name)

(Document Number)

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Amend

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06 SEP 28 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 02 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Senior Care Medical Equipment, INC

DOCUMENT NUMBER: P05000153898

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTHER M BARRIOS

(Name of Contact Person)

The Senior Care Medical Equipment, INC

(Firm/ Company)

9051 NW 20 ST

(Address)

Pembroke Pines FL 33024

(City/ State and Zip Code)

For further information concerning this matter, please call:

Esther Barrios

(Name of Contact Person)

at (786) 262 8289

(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 &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
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

Att Tina Roberts



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2006

ESTHER M. BARRIOS
THE SENIOR CARE MEDICAL EQUIPMENT
9051 NW 20 ST
PEMBROKE PINES, FL 33024

SUBJECT: THE SENIOR CARE MEDICAL EQUIPMENT, INC.
Ref. Number: P05000153898

We have received your document for THE SENIOR CARE 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.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 506A00056364

Articles of Amendment
to
Articles of Incorporation
of

The Senior Care Medical Equipment, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

P05000153898

(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):

(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." or "P.C.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The Senior Care Medical Equipment, INC
will like to make the following
changes.

From the President: Esther M Barrios
To a new President that will be:
ABEL AGUILAR

Old: Esther M Barrios

New: Abel Aguilar

Also please change the Registered
Agent

Old Register Agent: Isabel Barrera

New Register Agent: ABEL AGUILAR

X Isabel Barrera:
Register Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
SEP 28 AM 8:00

The date of each amendment(s) adoption: 09/12/06

Effective date if applicable: 09/12/06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

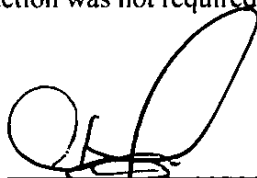
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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)

ESTHER BARRIOS

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

FILING FEE: \$35

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 of the Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in 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:

THE SENIOR CARE MEDICAL EQUIPMENT INC

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

ABEL AGUILAR
(NAME)

1800 WEST 49 ST SUITE 324-D
(P. O. BOX NOT ACCEPTABLE)

HIALEAH, FL 33012
(CITY/STATE/ZIP)

SIGNATURE 

(CORP. OFFICER)

DATE September 25, 2006

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.

SIGNATURE 

September 25, 2006