

PO6000038483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

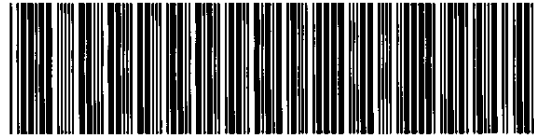
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300074749733

Amend

05/19/06--01028--013 **43.75

RECEIVED
06 MAY 19 AM 11:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
06 MAY 19 PM 1:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ASE
5/19/06

**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. ORTHO-AMERICA MEDICAL EQUIPMENT
(Corporation Name) (Document #)

2. COMPANY, INC.
(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

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Articles of Amendment
to
Articles of Incorporation
of

Ortho-America Medical Equipment Company, Inc.

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

FILED
06 MAY 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P06000038483

(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):

Not Applicable

(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)**

1. Delete Principal address 14873 Sw 65 Terrace Miami, FL. 33193
2. Add Principal address 2450 SW 137 Ave Suite 234 Miami, FL. 33175
3. Delete Mailing address 14873 SW 65 Terrace Miami, FL. 33193
4. Add Mailing Address 2450 SW 137 Ave Suite 234 Miami, FL. 33175
6. Delete Registered Agent ADDRESS 14873 SW 65 Terrace Miami, FL. 33193
7. Add Registered Agent ADDRESS 2450 SW 137 Ave Suite 234 Miami, FL. 33175
8. Delete Officer/Director Detail address 14873 SW 65 Terrace Miami, FL. 33193
9. Add Officer/Director Detail address 2450 SW 137 Ave Suite 234 Miami, FL. 33175

(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)

The date of each amendment(s) adoption: 05-18-06

Effective date if applicable: 05/01/2006
(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

Esteban Sardinias

(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)

Esteban Sardinias

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35