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## COM AMND/RESTATE/CORRECT OR O/D RESIGN

FLORENCE DIABETIC MEDICAL SUPPLIES, INC.

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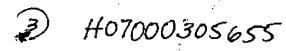
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## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

#### FLORENCE DIABETIC MEDICAL SUPPLIES, INC. P06000127924

(Present Name of Curporation)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation:

FIRST: Amendment(s) adopted: Indicate article number(s) being amended, added or deleted.

Registered Agent Name & Address

DELETE:

ALBERTO Y. MARTINEZ, 1800 WEST 49 STREET, SUITE 324C,

HIALEAH FL 33012 AS REGISTERED AGENT

ADD:

ADD:

LUIS E. LOPEZ, 6073 NW 167TH ST, UNIT C7, HIALEAH FL 33015 AS

**NEW REGISTERED AGENT** 

Officer/Director

DELETE:

ALBERTO Y. MARTINEZ, 6073 NW 167TH ST, UNIT C7, HIALEAH FL 33015 LUIS E. LOPEZ, 6073 NW 167TH ST, UNIT C7, HIALEAH FL 33015 AS

THE NEW PRESIDENT, SECRETARY, AND DIRECTOR

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendments adoption: DECEMBER 21<sup>ST</sup> 2007 FOURTH: Adoption of 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 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): AThe number of votes cast for the amendment(s) was/were sufficient for approval by

A. (Voting group)

The amendment(s) was/were adopted by board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required.

SIGNED THIS DAY 26<sup>TH</sup> DAY OF DECEMBER 26, 2007

SIGNATURE:

(By the Chairman or Vice Chairman of the Board of Directors, President, Incorporator, Director, Registered Agent or other officer adopted by the shurcholders.)

TYPED OR PRINTED NAME: LUIS E. LOPEZ TITLE: PRESIDENT/DIRECTOR

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

HORENCE DIABETIC MEDICAL SUPPRIES, INC.

6073 N.W. 16th Sul Witc7

Malealy, F1. 33011-

(Document Number of Corporation)

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.

Registered Agent Signature

LUIS E. LOPEZ!