

06/08/2032 04:34

27984 P.002/006

# P07000041525

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850) 617-6380

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PRESTIGE PHARMACY AND MEDICAL SUPPLIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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STATE OF FLORIDA

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7/29/14



July 28, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PRESTIGE PHARMACY AND MEDICAL SUPPLIES, INC.

2150 WEST 76 ST, STE 106

HIALEAH, FL 33016

SUBJECT: PRESTIGE PHARMACY AND MEDICAL SUPPLIES, INC.

REF: P07000041525

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H14000177083  
Letter Number: 914A00016077

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14 JUL 28 PM 4:41

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

H14000177083

Articles of Amendment  
to  
Articles of Incorporation  
of

Prestige Pharmacy AND Medical supplies, Inc.

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

# P07000041525

(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:

A. If amending name, enter the new name of the corporation:

(N/A) The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Joseph DeGregorio, JR.

2150 W 76<sup>th</sup> St. Suite 106

(Florida street address)

New Registered Office Address: Hialeah Florida 33016

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe  
X Remove V Mike Jones  
X Add SV Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change  
☐ Add  
☒ Remove

Pres

Idania Enrique

65 W 60th St  
Hialeah, FL  
33012

- 2) ☐ Change  
☒ Add  
☐ Remove

Pres

Joseph Degregorio Jr.

2150 W. 76th St.  
Suite 106  
Hialeah, FL 33016

- 3) ☐ Change  
☐ Add  
☐ Remove

- 4) ☐ Change  
☐ Add  
☐ Remove

- 5) ☐ Change  
☐ Add  
☐ Remove

- 6) ☐ Change  
☐ Add  
☐ Remove

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☐ E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

N/A

☐ F. 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:  
(if not applicable, indicate N/A)

N/A

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The date of each amendment(s) adoption: 07/25/2014, if other than the date this document was signed,

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated

07/25/2014

Signature

[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)

Idania Enrique

(Typed or printed name of person signing)

President

(Title of person signing)

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