P09000017169

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TALLAHASSEE, FLORIDA

AOR
3/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL AMERICAN MEDICAL SUPPLIES, INC.

DOCUMENT NUMBER: P09000017169

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

Please return all correspondence concerning this matter to the following:

Michael DOUGLASS
(Name of Contact Person)

BERG & DOUGLASS
(Firm/ Company)

1872 Tamiami Trail South, Suite D
(Address)

Venice, FL 34293
(City/ State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DOUGLASS at (941) 493-0871
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $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

FILED

2009 MAR 16 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ALL AMERICAN MEDICAL SUPPLIES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P09000017169
(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: SHAWN O'CONNELL

New Registered Office Address: 641 EAST VENICE AVENUE
(Florida street address)

VENICE, Florida 34285
(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.

Shawn O'Connell
Signature of New Registered Agent, if changing

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)

Title	Name	Address	Type of Action
P/D	JOHN BRASCH	5794 VAN CAMP STREET NORTH PORT, FL 34291	☐ Add ☑ Remove
T/D	DONNA BRASCH	5794 VAN CAMP STREET NORTH PORT, FL 34291	☐ Add ☑ Remove
VP/D	SEAN O'CONNELL	908 WEST SHANNON COURT, ENGLEWOOD, FL 34293	☐ Add ☑ Remove

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

Article VIII - amending directors and officers as listed above and on attached additional sheet

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

The date of each amendment(s) adoption: March 2, 2009

Effective date if applicable: March 2, 2009
(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 March 10, 2009

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)

SHAWN O'CONNELL
(Typed or printed name of person signing)

President
(Title of person signing)

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)* **ADDITIONAL SHEET**

Title	Name	Address	Type of Action
P/T/D	SHAWN O'CONNELL	908 WEST SHANNON COURT VENICE, FL 34293	✓ Add ☐ Remove
S/D	TRACEY O'CONNELL	908 WEST SHANNON COURT ENGLEWOOD, FL 34293	☐ Add ✓ Remove
VP/S/D	TRACEY O'CONNELL	908 WEST SHANNON COURT VENICE, FL 34293	✓ Add ☐ Remove