

4/7/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : I20020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HOSMED DISTRIBUTORS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

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TALLAHASSEE, FLORIDA

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APR 29 2020

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HOSMED DISTRIBUTORS, INCDOCUMENT NUMBER: P09000026934The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

GUSTAVO DE PAOLA

Name of Contact Person

HOSMED DISTRIBUTORS, INC

Firm/ Company

819 SAVANNAH FALLS DR

Address

WESTON, FL 33327

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO DE PAOLA

Name of Contact Person

at ( 305 718 3662 )

Area Code &amp; 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

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Articles of Amendment  
to  
Articles of Incorporation  
of

HOSMED DISTRIBUTORS, INC

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

P09000026934

(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:**

HOSMED INC

*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)**

3350 SW 148TH AVE

SUITE 110

MIRAMAR, FL 33027

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

3350 SW 148TH AVE

SUITE 110

MIRAMAR, FL 33027

**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 N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

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

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)              | Title | Name                  | Address   |
|--|-------|-----------------------|---|
| 1) <input type="checkbox"/> Change         | VP    | DE PAOLA, GUSTAVO     | 819 SAVANNAH FALLS DR<br>WESTON, FL 33327           |
| <input type="checkbox"/> Add               |       |                       |   |
| <input checked="" type="checkbox"/> Remove |       |                       |   |
| 2) <input type="checkbox"/> Change         | VP    | GUERRERO, INGRID MARY | 3350 SW 148TH AVE<br>SUITE 110<br>MIRAMAR, FL 33027 |
| <input checked="" type="checkbox"/> Add    |       |                       |   |
| <input type="checkbox"/> Remove            |       |                       |   |
| 3) <input type="checkbox"/> Change         | VP    | DONA, FERNANDO LOPEZ  | 3350 SW 148TH AVE<br>SUITE 110<br>MIRAMAR, FL 33027 |
| <input checked="" type="checkbox"/> Add    |       |                       |   |
| <input type="checkbox"/> Remove            |       |                       |   |
| 4) <input type="checkbox"/> Change         |       |                       |   |
| <input type="checkbox"/> Add               |       |                       |   |
| <input type="checkbox"/> Remove            |       |                       |   |
| 5) <input type="checkbox"/> Change         |       |                       |   |
| <input type="checkbox"/> Add               |       |                       |   |
| <input type="checkbox"/> Remove            |       |                       |   |
| 6) <input type="checkbox"/> Change         |       |                       |   |
| <input type="checkbox"/> Add               |       |                       |   |
| <input type="checkbox"/> Remove            |       |                       |   |



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04/28/2020

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

04/07/2020

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required
- ☐ 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)

04/28/2020

Dated \_\_\_\_\_

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)

GUSTAVO DE PAOAL

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE-PRESIDENT

\_\_\_\_\_  
(Title of person signing)

850-617-6381

4/28/2020 9:30:33 AM PAGE

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Fax Server



April 28, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HOSMED DISTRIBUTORS, INC.  
10800 NW 21 ST  
SUITE 110  
MIAMI, FL 33172

SUBJECT: HOSMED DISTRIBUTORS, INC.  
REF: P09000026934

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.

As of January 1, 2020, the form for amending a Profit Corporation has changed. Please use the new Profit Articles of Amendment form located on our website ([www.sunbiz.org](http://www.sunbiz.org)).

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) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000103902  
Letter Number: 320A00008706