P09000000136

5 Marian - 10876 Lakefrant PI — 1300a Raton - FL 33498 —
(City/Chair Zin ID) and 40
(City/State/Zip/Phone #)
PICK-UP WAIT ; MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





000309386660

02/26/18--01020--005 **85.08

2010 FEB 2 6 PK 3:

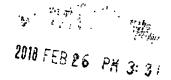


(((H10000177655 3))) Articles of Amendment

to

Articles of Incorporation

ηſ



BROWARD A & C MEDICAL SUPPLY, INC.

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

P090000	060736			
(Document Number of	f Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Floramendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Pro</i>	ofit Corporation a	dopts the followir
A. If amending name, enter the new name of the c	orporation	<u>1:</u>		
				The new
name must be distinguishable and contain the w abbreviation "Corp.," "Inc.," or Co.," or the desig name must contain the word "chartered," "profession	nation "Co	orp," "Inc," or "Co	". A professiona	ated" or the l corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1098 SW 1st W	ay	
		Deerfield Beach	1, FL 33441	
				<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			<u></u>
				
 If amending the registered agent and/or registered new registered agent and/or the new registered 			enter the name o	f the
	onne auc	11 033		
Name of New Registered Agent:	 -			
New Registered Office Address:	(Florid	da street address)		
			, Florida	
(City)			(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered A	gent:		
hereby accept the appointment as registered agent.	I am famil	liar with and accept	the obligations of	the position.
Signatu	ire of New	Registered Agent, if	changing	

Page 1 of 3

(((H10000177655 3)))

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	STILLMAN, EDWARD	500 NW 62ND ST, SUITE 210 FT LAUDERDALE FL 33309	☐ Add Remove
<u>P</u>	Marcow, Barbara	10876 LAKE FRONT PLACE BOCA RATON FL 33498	☑ Add ☐ Remove
			Add Remove
(anach ac	lditional sheets, if necessary). (Be sp	recijic)	
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	(((H10000177655 3))) t(s) adoption: August 6, 2010
Effective date <u>if applicable</u> :	August 6, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voling group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder .
Dated Aug	ust 6, 2010
Signature _	Bharan
(By	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Barbara Marcow
	(Typed or printed name of person signing)
	President
	(Title of person signing)