

P100000066353

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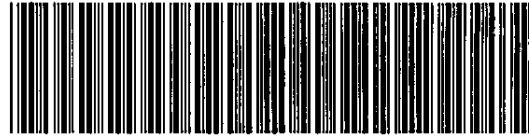
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correction w/NC

TB

AUG 25 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DTS MEDICAL SUPPLY CORP

Name of Corporation

**DOCUMENT NUMBER:** P10000066353

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard G Yu

Name of Contact Person

Firm/Company

6980 W McNab Road Suite E

Address

Tamarac, FL 33321

City/State and Zip Code

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

For further information concerning this matter, please call:

Howard G Yu

Name of Contact Person

at ( 877 ) 846-1778

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

**ARTICLES OF CORRECTION**

for

**DTS MEDICAL SUPPLY CORP**

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

**P10000066353**

Document Number (if known)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ARTICLES OF INCORPORATION**

(Document Type Being Corrected)

filed with the Department of State on **AUGUST 12, 2010**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

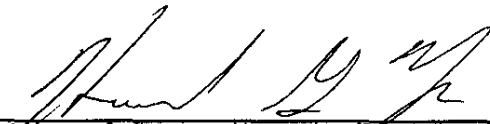
**DTS MEDICAL SUPPLY CORP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

**MedPal Medical Corp.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**Howard G Yu**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**