

03/16/2013 08:56

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P12000031561

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000102802 3)))



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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MEDPLUS PHARMACY CORP.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

Amend
Name chg
@ 5/6/14

Electronic Filing Menu

Corporate Filing Menu

Help



May 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MEDPLUS PHARMACY CORP.
7800 N. UNIVERSITY DRIVE
TAMARAC, FL 33321

SUBJECT: MEDPLUS PHARMACY CORP.
REF: P12000031561

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.

Pages 1, 2, 3, and 4 are required for all e-files. Please print the 3rd page of the profit amendment from our website and resubmit your document in its entirety for acceptance.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000102802
Letter Number: 614A00009391

RECEIVED
14 MAY - 5 PM 2:59
FAXED TO
DIVISION OF CORPORATIONS
MAY 2 2014



May 1, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MEDPLUS PHARMACY CORP.
7800 N. UNIVERSITY DRIVE
TAMARAC, FL 33321

SUBJECT: MEDPLUS PHARMACY CORP.
REF: P12000031561

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.

Please submit the document in its entirety, the 3rd page is missing.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000102802
Letter Number: 914A00009275

The amendment is only 3 pgs.
Thanks!

03/16/2032 05:30

2014/APR/29/TUE 15:41

ADVANCED CONSULTING

FAX NO. 305/524698

#3791 P.004/007

P.004

H14000102802

Articles of Amendment
to
Articles of Incorporation
of

Medplus Pharmacy Corp.

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

P12000031561

(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:

Medplus Pharmacy, Corp.

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)

13016 SW 120th Street
Miami, FL. 33186

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

13016 SW 120th Street
Miami, FL. 33186

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

(stays the same)

(Florida street address)

New Registered Office Address:

Florida

(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.

(stays the same)

Signature of New Registered Agent, if changing

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CLERK OF DISTRICT COURT
14 MAY -5 PM 12:49

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03/16/2032 05:30

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ADVANCED CONSULTING

FAX No. 3057524698

#3791 P.005/007

P.005

H14000102802

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) <input type="checkbox"/> Change | <u>Vice</u> | <u>Jose M. Morales</u> | <u>13016 SW 120th street</u> |
| <input checked="" type="checkbox"/> Add | <u>Pres</u> | | <u>Miami, FL 33186</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input 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 | | | |

H14000102802

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03/16/2032 05:30
2014/APR/29/TUE 16:13

ADVANCED CONSULTING

FAX No. 305/524698

#3791 P.007/007
P.001/001

H14000102802

The date of each amendment(s) adoption: 04-29-2014, 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 04-29-2014

Signature

Nicholas A. Borgesano
(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)

Nicholas A. Borgesano

(Typed or printed name of person signing)

President

(Title of person signing)

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