## P12000055299

(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
, ·		

Office Use Only



600237192266

07/11/12--01008--020 \*\*35.00

Anns





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2012

NAZLE L. RVA 1803 SOUTH MIAMI AVE MIAMI, FL 33129

SUBJECT: INTEGRATED MEDICAL SALES, INC.

Ref. Number: P12000055299

We have received your document for INTEGRATED MEDICAL SALES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please show address for Nazle L. Rua. Please complete page 4 in its entirety.

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.

Tina Roberts Regulatory Specialist II

Letter Number: 112A00018685



## **COVER LETTER**

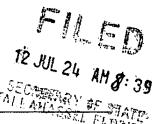
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Integrated Med	lical Sales inc.	
DOCUMENT NUMBER:	P 120000 55 299		
The enclosed Articles of Amendmen	and fee are submitted for filing.		
Please return all correspondence con-	perning this matter to the following:		
	Nazle &	-Rua	
	Name of Contact	Person	
<del></del>	Firm/ Compa	ny	
	1803 South Mi	ionii Avenue	
	Address MIAMI FL 33	100	
	City/ State and Zip		
	Nazle Nammur		
E-mail ac	dress: (to be used for future annual i	report notification)	
For further information concerning the	is matter, please call:		
Nazle L.	Rua at 30	rea Code & Daytime Telephone Number	
Name of Contact Pers	on Ar	rea Code & Daytime Telephone Number	
Enclosed is a check for the following	amount made payable to the Florida	a Department of State:	
	Filing Fee & Status Service Certified Copy (Additional copy enclosed)	Certificate of Status	
Mailing Address		Street Address	
Amendment Section Division of Corpor		Amendment Section Division of Corporations	
P.O. Box 6327	·		
Tallahassee, FL 32	314 2	2661 Executive Center Circle	

Tallahassee, FL 32301

11

## Articles of Amendment to Articles of Incorporation



## TATEGRATED MEDICAL SALES INC. (Name of Corneration as currently filed with the Florida Dept. of State)

(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: 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." 1903 South Minmi Avenue B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4. 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 1. (Florida street address) New Registered Office Address: Florida (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.

Signature of New Registered Agent, if changing

10

**)-,**`

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	Address
1) Change Add Remove	P	Nazle L. Rua	1803 SouthMiami Avenue Miami Fd. 33129
2) X Change Add Remove	V	Nazle L Rua	1803 South Miami Avenue Miami FL 35129
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add	<del></del>		

(attach additional sheets, if necessary). (Be specific)	
,	<del></del>
· · · · · · · · · · · · · · · · · · ·	<del></del>
	<del> </del>
·	
	<del></del>
	<del></del>
• )	<del></del>
	<del></del>
	<u> </u>
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:	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	<del></del>

The date of each amendment(s) ac	doption:,7  & 12012.
Effective date if applicable:	7/16/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	7/14/2012
Signature	Vasle J. Rua.
(By a d	lirector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
арропп	Nazle L. Rua.
	(Typed or printed name of person signing)
	President.
	(Title of person signing)

7.

jie.

**\***\*.