P94000066925

(Requ	uestor's Name)	
(Addr	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	<i>></i> #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER .

TO: Amendment Section Division of Corporations

Tallahassec, FL 32314



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			All C		
NAME OF	CORPORATION: Diabetic Care S	Service of Ft. Myers, Inc.	-4		
DOCUMEN	T NUMBER: P94000066925				
The enclosed	Articles of Amendment and fee a	re submitted for filing.			
Please return	all correspondence concerning thi	is matter to the following:			
	Yvonne Tanenbaum	of Contact Person)			
	(Name	of Contact Person)			
	Diabetic Supply Foundation of Ft. M	lyers, Inc.	<u></u>		
, ,	(i.i.	in Company)			
	PO Box 551	<u>. 6 5 3.5 8</u>	_ <u>-i</u>		
	والمستقد والم والمستقد والمستقد والمستقد والمستقد والمستقد والمستقد والمستق	(Address)			
	Alva, FL. 33920		in the second of		
# # # # # # # # # # # # # # # # # # #	(City/ Sc	tate/ and Zip Code)			
For further in	nformation concerning this matter,	please call:			
Yvonne Tanei	nhaum	at (239) 848-6696			
	nbaum (Name of Contact Person)	(Area Code & Daytime Tele	phone Number)		
Enclosed is a	check for the following amount:				
Ø\$35 Filing Fo	ce \$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	Street Address			
	Amendment Section	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	409 E. Gaines Street			

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

TALLAHASSEE FLOSTALE

Diabetic Care Service of Ft. Myers, Inc.

P94000066925

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

**	- (Docume	ent number of cor	poration (if kno	own)		an a eref	
Pursuant to the provisi adopts the following ar					ofit Corpora	ution	
NEW CORPORATE	NAME (if chan	ging):					
Diabetic Supply Foundat (Must contain the word "co (A professional corporation	rporation," "compan	y," or "incorporat	ed" or the abbr		," "Inc.," or "C	0.")	. <u> </u>
AMENDMENTS AD and/or Article Title(s)					Article Nun	nber(s)	æ.
Article #1 Name	<u></u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	\$c			الا بر معدد رد
The name of the Corpora	ation shall be:	ه د این رویونوسسی		; <u></u> ;	면 이 성출 k		
Diabetic Supply Foundati	ion of Ft. Myers, In						* = :·· }æ =···
	5 <u>-</u> :	=			4-		
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							مينين په <u>د د د د د د د د د د د د د د د د د د د</u>
If an amendment provi	des for exchange.	ich additional pag	es if necessary))			
for implementing the a							
			- # & ⁻		· · · · · · · · · · · · · · · · · · ·		
		,	<u> </u>	·	z	-	

(continued)

The date of each amendment(s) adoption: 7/01/2004
Effective date if applicable: 7/01/2004
Effective date if applicable: 7/01/2004 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signed this 1 day of August 2004
Signature January Dander 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)
Yvonne Tanenbaum
(Typed or printed name of person signing)
President
(Title of norcen cioning)

FILING FEE: \$35