

P94000092329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

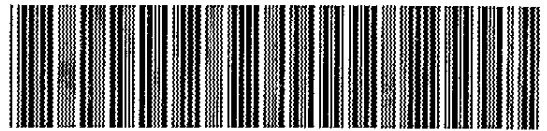
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300023739983

*Amend*

10/16/03--01074--005 \*\*43.1

FILED  
03 NOV -4 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*FOR  
11/15/03*

*\*00789, 00524, 00672*

**Ramon Reyes, PA**  
5035 PALM AVE. HIALEAH, FL.33012  
PH. (305) 822-0669  
FAX (305) 822-0803

Secretary of State  
Division of Corporation

Re: Chan Medical Equipment, Inc.

Enclosed please find the original and one copy of the Article of Amendment and Registered Agent of the above corporation, together with my check in the amount of \$43.75.

This represents the costs of Filing fee and Certificate of status.

Sincerely,

  
Ramon Reyes



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 23, 2003

Ramon Reyes, P.A.  
5035 Palm Ave.  
Hialeah, FL 33012

SUBJECT: CHAN MEDICAL EQUIPMENT, INC.  
Ref. Number: P94000092329

We have received your document for CHAN MEDICAL EQUIPMENT, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state in the first paragraph that you are changing the registered agent and state that the registered agent's address and signature is attached.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 103A00057762

**Ramon Reyes, PA**  
5035 PALM AVE. HIALEAH, FL.33012  
PH. (305) 822-0669  
FAX (305) 822-0803

Secretary of State  
Division of Corporation

Re: Chan Medical Equipment, Inc.

This is a brief letter stating the change in the registered agent for Chan Medical Equipment, Inc. Attached you will find the registered agent's address and signature.

If you have any questions please feel free to give me a call at the above number.

Sincerely,

  
Ramon Reyes

RECEIVED  
03 NOV -4 AM 11:47  
DIVISION OF CORP. REGISTRATION

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

CHAN MEDICAL EQUIPMENT, INC.

(present name)

FILED  
03 NOV -4 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

OFFICER & DIRECTOR CHANGE

PRESIDENT/ SECRETARY	REMBERTO J. RIVERO	2012 SW 124 PL MIAMI, FL. 33175
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New registered agent, address, and signature is attached.

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: 10/13/03

**FOURTH:** Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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):*

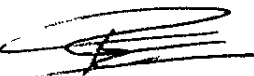
"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☐ 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.

(continued)

Signed this 13th day of October, 2003.

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Remberto J. Rivero

(Typed or printed name)

President

(Title)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED  
NOV - 4 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: CHAN MEDICAL EQUIPMENT, INC.

2. The name and address of the registered agent and office is:

REMBERTO J. RIVERO

(Name)

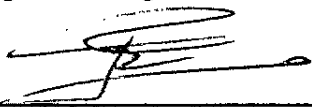
2012 SW 124 PL

(P.O. Box not acceptable)

MIAMI, FL. 33175

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Signature)

10/13/03

(Date)