

P95000014469

**Florida Department of State
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Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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LABOMED SUPPLIES CORP.**

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July 24, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LABOMED SUPPLIES CORP.
8228 NW 68 STREET
MIAMI, FL 33166US

SUBJECT: LABOMED SUPPLIES CORP.
REF: P95000014469

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.

If the corporation is a PROFIT corporation it must be signed 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.

If the corporation is a NOT FOR PROFIT corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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Tina Roberts
Document Specialist

FAX Aud. #: H06000185971
Letter Number: 006A00046800

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OFLabomed Supplies Corp.Labomed Supplies Corp.

(present name)

P95000014469

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit 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)

AMENDED ARTICLE X AS FOLLOWS

SONIA VEGA (DELETE)
10577 SW 73 TERRACE
MIAMI, FL 33173

WALTER OSVALDO FIESCO (ADD) Treasurer
1820 West 53 Street Apt 305
Hialeah, FL 33012

AMENDED ARTICLE VI

Registered Agent

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. The registered name and the registered office are WALTER OSVALDO FIESCO 1820 WEST 53 STREET APT 305 HIALEAH, FL 33012.

Walter Fiesco
(SIGNATURE OF REGISTERED AGENT)

07/21/2006

If signing on behalf of an entity:

WALTER OSVALDO FIESCO
(TYPED OR PRINTED NAME)

The date of each amendment(s) adoption: 7/21/06

Effective date if applicable: 7/21/06
(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 21 day of July, 2006

Signature Sonia Vega

(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)

Sonia Vega

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)