Division of Corporations

https://ccfss1.dos.state.fl.us/scripts/efilcovr.cxc

CORPORATIONS

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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.

(((H990000302747)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number . . : (850) 922-4000

From:

: FAS-T CORP. AGENTS, Account Name

Account Number : 071001002335 Phone (305) 599-0839 Fax Number (305) 716-0346

BASIC AMENDMENT

CORAL MEDICAL EQUIPMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Public Access Help

11/29/99 4:03 PM



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 30, 1999

CORAL MEDICAL EQUIPMENT SERVICES, INC. 2240 SW 22ND ST MIAMI, FL 33145US

SUBJECT: CORAL MEDICAL EQUIPMENT SERVICES, INC. REF: P95000039864

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.

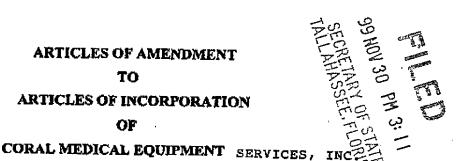
The current name of the entity is as referenced above. Please correct your document accordingly.

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) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H99000030274 Letter Number: 899A00056539

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF



Pursuant to the provisions of section 607.1006, Florida Statues, 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)

" SEE ATTACHED "

If an amendment provides for an exchange, reclassification or cancellation of issued shares. SECOND: provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: NOVEMBER 29th FOURTH: Adoption of Amendment(s) (check one) The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the board of directors without shareholder action and X shareholder action was not required. 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)

PREPARED BY: QUALITY ACCOUNTING & GENERAL SERVICES CORP. 6595 N.W. 36th Street, Suite 328 Virginia Garden's, FL 33166-6975 (305) \$70-9670

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF:

CORAL MEDICAL EQUIPMENT SERVICES, INC.

AMENDMENT(S) ADOPTED:

ARTICLES V - DIRECTORS

DELETE OLD PRESIDENT / DIRECTOR - LUIS PEREZ

ADD NEW PRESIDENT / DIRECTOR - CARLOS RAVELO

ADD NEW VICE PRESIDENT / DIRECTOR - SECRETARY

ADD NEW TREASURER -

The name and address of the register agent is:

CARLOS RAVELO 11201 S.W. 55th STREET MIRAMAR, FL 33025

(continued)

	•
Signed th	nis 29th day of <u>NOVEMBER</u> , 19 99.
Ву	(Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR
	(A director or incorporator if adopted by the directors or incorporators)
	CARLOS RAVELO
	(Typed or printed name)
	PRESIDENT/ DIRECTOR / CHAIRMAN
	(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HERBY 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

DATE: