

P95000055/91

(Requestor's Name)

(Address)

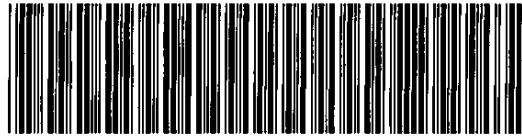
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL



400106898224

08/20/07--01038--013 **35.00

N&D Medical Equipment of Florida, Inc.
DBA N&D Pharmacy - Discount
650 Palm Avenue
Unit # 1
Hialeah, FL 33010

Amend

Special Instructions to Filing Officer:

Office Use Only

FILED

07 SEP -4- PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 04 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2007

N & D MEDICAL EQUIPMENT OF FL
DBA N & D PHARMACY-DISCOUNT
650 PALM AVE, UNIT #1
HIALEAH, FL 33010

SUBJECT: N & D MEDICAL EQUIPMENT OF FLORIDA, INC.
Ref. Number: P95000055191

We have received your document for N & D MEDICAL EQUIPMENT OF FLORIDA, 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):

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please check only one box under adoption of amendment.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 207A00051118

RECEIVED
2007 SEP -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: N & D MEDICAL EQUIPMENT OF FL DBA N & D PHARMACY-DISCOUNT

DOCUMENT NUMBER: P95000055191

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIURKA BORRERO

(Name of Contact Person)

N & D MEDICAL EQUIPMENT OF FL DBA N & D PHARMACY - DISCOUNT

(Firm/ Company)

650 PALM AVENUE UNIT # 1

(Address)

HIALEAH, FL 33010

(City/ State and Zip Code)

For further information concerning this matter, please call:

NIURKA BORRERO

(Name of Contact Person)

at (786) 486-4608 (Cellular)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
07 SEP -4 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N & D MEDICAL EQUIPMENT OF Florida, Inc.

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

P95000055191

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

CHANGE OF PRINCIPAL AND MAILING ADDRESS:

OLD:

NEW:

650 PALM AVENUE UNIT # 3

650 PALM AVENUE UNIT # 1

HIALEAH, FL 33010

HIALEAH, FL 33010

ADDED NEW OFFICER:

NIURYS FERNANDEZ (VP)

650 PALM AVENUE UNIT # 1

HIALEAH, FL 33010

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 8/16/2007

Effective date if applicable: IMMEDIATE
(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
100 %
(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.

Signature



(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)

NIURKA BORRERO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35