

P95000062924

Florida Department of State
Division of Corporations
Public Access System

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.

((H07000019647 3))



H07000019647345C1

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) 205-0380

From: Account Name : MPM/RE CORPORATE KIT COMPANY
Account Number : 077450003255
Phone : (305) 634-3594
Fax Number : (305) 633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DISNEY MEDICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
07 JAN 23 AM 8:00
DIVISION OF CORPORATIONS

FILED
07 JAN 23 PM 2:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

Ames

H07000019647

EMPIRE

2

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF DISNEY MEDICAL EQUIPMENT, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following amendment(s) to its Articles of Incorporation:

ARTICLE V (Registered Agent) is being amended to read as follows:

Julio Millor
8320 NW 177 ST
Miami, FL 33015

ARTICLE VI (Director(s)) is being amended to read as follows:

Julio Millor- President, Secretary, Treasurer

The date of each amendment's adoption: January 19, 2007.

The Amended Articles and each Amendment described herein are adopted as of the date written below.

The Amendments were adopted by a majority of the corporation's directors/shareholders.

Signed this 19th day of January, 2007.

Signature of Officer or Director
Julio Millor
Printed Name
President
Title

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in Article IV of these articles of Incorporation, the undersigned hereby agrees 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.

Signature of Registered Agent

1/19/07
Date

FILED
07 JAN 23 PM 2:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H07000019647