

P9500069274

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002679071--6

-11/03/98--01050--012

*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL MEDICAL EQUIPMENT CO.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
98 NOV -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
NOV -3 PM 10:54
TALLAHASSEE, FLORIDA

Examiner's Initials

See 11/3

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION

ALL MEDICAL EQUIPMENT CO.

(present name)

FILED
98 NOV -3 PM 1:18
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)

ARTICLE II: THIS ARTICLE IS BEING AMENDED BY CHANGING THE PRINCIPAL ADDRESS TO 1001 S.W. 67 AVE. # 104. MIAMI, FL. 33144.

ARTICLE III: THIS ARTICLE IS BEING AMENDED BY ASSIGNING CAPITAL STOCK; ILEANA M. SOCARRAS ASSIGNS (100) SHARES OF CAPITAL STOCK TO ODILYS M. GONZALEZ, OR 100 % OF CAPITAL STOCK.

ARTICLE IV: THIS ARTICLE IS BEING AMENDED BY CHANGING THE NAME OF THE RESIDENT AGENT TO ODILYS M. GONZALEZ RESIDENT OF 320 S.W. 135 AVE. MIAMI, FL. 33184.

ARTICLE VII: THIS ARTICLE IS BEING AMENDED BY DELETING ONE DIRECTOR. ILEANA M. SOCARRAS, RESIGNS AS OFFICER AND DIRECTOR.

ODILYS M. GONZALEZ WAS ELECTED PRESIDENT, SECRETARY AND TREASURER WITH (100) SHARES OF CAPITAL STOCK OR 100 % OF CAPITAL STOCK.

ALL MEDICAL EQUIPMENT CO.
1001 S.W. 67 AVE. # 104
MIAMI, FL. 33144

SECOND: The date of each amendment's adoption: OCTOBER 30TH, 1998

THIRD: Adoption of Amendment(s) (check one)

XXXX The amendment(s) was/were adopted by the incorporators
----- without shareholder action and shareholder action
was not require.

----- The amendment(s) was/were adopted by the board of
directors without shareholder action and shareholder
action was not require.

(continued)

(continued)

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)

Sign this 30TH day of OCTOBER, 19 98

By

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

ILEANA M. SOCARRAS

(Typed or print name)

INCORPORATOR

(Title)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 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.

1. THE NAME OF THE CORPORATION IS :

ALL MEDICAL EQUIPMENT CO.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :

ODILYS M. GONZALEZ

(NAME)

320 S.W. 135 AVE.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33184

(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

Odily M. Gonzalez

DATE

10-30-98
