LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name 890 S.W. 87 AVENUE, SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. LEGACY MEDICAL SUPPLY INC. (Corpyration Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2,00 Certified Copy ☐ Will wait Mail out Certificate of Status Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director **Limited Liability** Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 28, 1997

Lazarus Corporate Industries. Inc. 890 S.W. 87 Avenue Suite 16 Miami, FL 33174

SUBJECT: LEGACY MEDICAL SUPPLY, INC. Ref. Number: P96000003074

We have received your document for LEGACY MEDICAL SUPPLY, 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):

Please state which each article that you are amending pertains to (for example Article II - Principal Office). Please check one of the boxes in the fourth paragraph.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

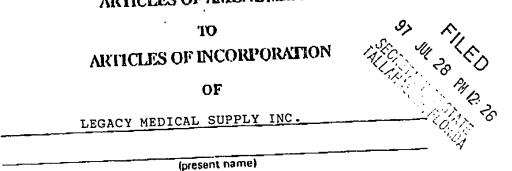
Annette Hogan Corporate Specialist

Letter Number: 597A00038007

AKTICLES OF AMENDMENT

Or

ARTICLES OF INCORPORATION



Pursuant to the provisions of section 607.1006. Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

Amendment(s) adopted: (indicate article number(s) being amended, FIRST: added or deleted)

> Amondino ARTICLE II principal Office 1790 WEST 49 ST STE 400-2B HIALEAH, FL 33012

Amonoing ARTICLE IV ROGISTORED REENT ESTHER Y. TORRES 1790 WEST 49 ST STE 400-2B HIALEAH, FL 33012

ARTICLE V DIVOCTORS amonding

ESTHER Y. TORRES - NEW PRESIDENT 1790 WEST 49 ST STE 400-2B HIALEAH, FL 33012

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

TIII	RD:	The date	ofeach	amendme	nt's adoption:	07/22/97		
FOU	JRTH:	Adoption	of Am	endment(s) (check one)			
Ø	The accast fo	mendmen r the ame	t(s) was ndment	s/were appre	oved by the share e sufficient for a	cholders. The number of vote: pproval.		
	The ar	nendmen	t(s) was	/were appro	oved by the share	holders through voting groups		
		The foll voting g	owings roup en	tatement m titled to vote	ust be separately j e separately on th	provided for each e amendment(s):		
		"The many	mber calby		t for the amenda	ent(s) was/were sufficient for		
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.							
	The a	mendmer and shar	ıt(s) wa eliolder	s/were adop action was	oted by the incors not required.	porators without shareholder		
	Sig	gned this	22	_day of	JULY	, 19_97		
		Signa	ture <u>y</u> (By the Preside	(By a directo	OR or if adopted by the OR	directors) directors)		
				ANA G.	PEREZ			
		•			or printed name			
		_		PF	RESIDENT			
					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.

The	e name of the corporation is: LEGACY MEDICAL SUPPLY INC.
The	e name and address of the registered agent and office is:
	ESTHER Y. TORRES
	(NAME)
	1766 WEST 66 PL
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	HIALEAH, FL 33012
	(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 X // OXA

DATE 7-72-94

REGISTERED AGENT FILING FEE: \$35.00