

P96000045421

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

200002878632-3  
 -05/18/99--01030--019  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

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

1. ABDON MEDICAL SUPPLIES INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

FILED  
 99 MAY 19 PM 3:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- 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

\*00789, 00721, 00524, 00672

RECEIVED  
 99 MAY 18 AM 11:27  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials DR

5/19/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 18, 1999

Lazarus Corporate Filing Service, Inc.  
3320 S.W. 87th Avenue  
Miami, FL

SUBJECT: ABDON MEDICAL SUPPLIES, CORP.  
Ref. Number: P96000045421

We have received your document for ABDON MEDICAL SUPPLIES, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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 Ramsey  
Corporate Specialist

Letter Number: 799A00027530

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 MAY 19 AM 11:37

RECEIVED

**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF INCORPORATION**  
**OF**

**FILED**  
**99 MAY 19 PM 3:50**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ABDON MEDICAL SUPPLIES, CORP.  
**(PRESENT NAME)**

PURSUANT TO THE PROVISIONS OF SECTION 607,1006, FLORIDA STATUTES, THIS CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLE OF INCORPORATION:

**FIRST:** AMENDMENT(S) ADOPTED: (INDICATE ARTICLE NUMBER(S) BEING AMENDED ADDED OR DELETED)

ARTICLE I NAME

WAS :      GUILLERMO ESTRADA                      PRESIDENT

                     NOW:      LIGIA NOVAS                              PRESIDENT

**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:

**THIRD:** THE DATE OF EACH AMENDMENT'S ADOPTION: 09/03/98

**FOURTH:** ADOPTION OF AMENDMENT(S) (CHECK ONE)

- 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)

- \* 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.

SIGNED THIS 14 DAY OF MAY, 1999

SIGNATURE Ligia Novas  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholder(s))

OR  
(By a director if adopted by the directors)

OR  
(By an incorporator if adopted by the incorporators)

\_\_\_\_\_  
LIGIA NOVAS  
Typed or printed name

\_\_\_\_\_  
PRESIDENT  
Title