

P 96000045421

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

600002972206--7

-08/27/99--01062--004

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

OFFICE USE ONLY

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

1. ABDON MEDICAL SUPPLIES, CORP.

(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

RECEIVED
99 AUG 27 AM 11:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
99 AUG 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. COULLIETTE AUG 30 1999

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 27, 1999

LAZARUS

TALLAHASSEE, FL

SUBJECT: ABDON MEDICAL SERVICE, INC.
Ref. Number: P96000045421

We have received your document for ABDON MEDICAL SERVICE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 899A00043083

RECEIVED
99 AUG 30 AM 11:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

ARTICLES OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
ABDON MEDICAL SERVICE, INC.

FILED
99 AUG 30 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Present name)

Pursuant to 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, deleted)

ARTICLE VII: BOARD OF DIRECTORS

The name(s) and address(es) of the Member of the Board of Directors are:

JOSE G. NOVAS - President 13920 SW 49 CT Circle Miami, FL 33175
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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: 8/12/1999

FOURTH: Adoption of Amendment(s) *Check One*

_____ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

_____ 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 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 a voting group.

(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)

Signed this: **19 August, 1999**

By: [Signature]
(Chairman or Vice Chairman or other responsible officer if adopted)

(Chairman or Vice Chairman of the Board of Directors, Presidents or other officer if adopted by the shareholders) Or (A director or incorporator if adopted by the directors of incorporators)

JOSE G. NOVAS

(Type or print name)

President

(Title)